

# Healthy Families Program Member Satisfaction Survey Report 2007



**California Managed Risk Medical Insurance Board  
Benefits & Quality Monitoring Division**



June 2008



## **California Managed Risk Medical Insurance Board**

### **Healthy Families Program (HFP)**

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**MRMIB provides and promotes access to affordable coverage for comprehensive, high quality, cost effective health care services to improve the health of Californians.**

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# Executive Summary

The 2007 Healthy Families Program Member Satisfaction Report presents the results of the 2007 Consumer Assessment of Healthcare Providers and Systems (CAHPS®)<sup>1</sup> survey and the Young Adult Health Care Survey (YAHCS®)<sup>2</sup>. The survey results are used to assess the satisfaction and quality of care provided to more than 800,000 children in the Healthy Families Program (HFP) by the 24 participating health plans. Subscribers receive CAHPS survey results in HFP enrollment materials, including the program handbook, to assist members in comparing health plans offered in each county. The CAHPS and YAHCS results are also available on the MRMIB website at [www.mrmib.ca.gov](http://www.mrmib.ca.gov).

This is the sixth year the CAHPS survey has been administered to members of HFP and the first time the Children with Chronic Conditions (CCC) measurement set was administered to all survey participants. This is the second year the YAHCS survey has been conducted, providing 2 year data about teen experiences in the program.

This report provides detailed results for each CAHPS and YAHCS rating and includes trend data and comparisons to national benchmarks. Trend analysis where available for CAHPS is presented in Appendix A and YAHCS 2-year data is in Appendix B.

## Key Findings From the CAHPS Survey

- The CAHPS Survey results have remained stable over the last four years with very little change in the ratings.
- Members continue to give high ratings to their health plans, health care and providers.
- Responses indicate that members get needed care at high rates, but getting care quickly is a problem for about one-third of HFP members.
- While the ratings for plan customer service are relatively high, there has been a 5% drop in this rating from 2002 to 2007.
- HFP Members generally reported about the same level of satisfaction compared to the 2007 national child Medicaid results. Ratings were significantly lower in HFP for the *Getting Care Quickly* and *Courteous and Helpful Office Staff* composite.
- Hispanic and White respondents gave the highest ratings across most of the CAHPS global and composite ratings.

- As in previous years, Asian respondents generally reported lower ratings than other ethnic groups. However, the levels of satisfaction varied among the persons who spoke different Asian languages. Vietnamese speakers typically gave considerably higher ratings than Chinese and Korean speakers. The health plan most affected by this outcome is San Francisco Health Plan (SFHP). Seventy-six percent (76%) of SFHP survey respondents are Chinese speakers who reported the lowest scores in most of the categories.

## High Performing Plans

- Two health plans had six out of nine ratings that were statistically significantly above the program average:
  - Kaiser Permanente
  - CenCal Health (formerly Santa Barbara Regional Health Authority).
- Three health plans had four out of nine ratings that were statistically significantly above the program average:
  - Anthem Blue Cross EPO
  - Blue Shield EPO
  - Ventura County Health

## Low Performing Plans

- Two plans had seven out of nine ratings that were statistically significantly below the program average for all seven categories:
  - Anthem Blue Cross HMO
  - San Francisco Health Plan
- Three plans had four out of nine ratings that were statistically significantly below the program average:
  - Care 1<sup>st</sup> Health Plan
  - Community Health Plan
  - Kern Family Health

A summary of the plans that were statistically significantly above or below the program averages on the CAHPS ratings is in Appendix I.

1 CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)  
2 YAHCS® was developed and tested by the Child and Adolescent Health Measurement Initiative (CAHMI)

# Executive Summary

## ***Key Findings From the CAHPS Children with Chronic Conditions Measurement Set***

- Approximately 10.5%, or 1,090, of those surveyed had a child with a chronic condition.
- Less than 10% (101) of respondents whose child had a chronic condition either tried to or received treatment for their child through California Children's Services (CCS), which provides treatment for certain complex medical conditions such as cancer, blood disorders, heart conditions and birth defects.
- Eighty-three percent (83%) of those who received treatment through CCS were satisfied with the services they received through CCS.
- In general, respondents who had a child with a chronic condition reported no statistical difference compared to all respondents, except for the following ratings that were significantly lower than the HFP general population:
  - Overall Rating of Health Plan
  - Getting Needed Care
- Respondents whose child had a chronic condition had a more difficult time getting needed care, but got care more quickly than the HFP population.
- Respondents who had a child with a chronic condition reported higher levels of satisfaction on the following chronic condition ratings that are most relevant to children who require more health related services:
  - *Doctor or Nurse Who Knows Child*
  - *Shared Decision Making*
  - *Coordination of Care*
- The most common conditions for which children received services through CCS are:
  - Dental services (e.g. orthodontia)
  - Heart defect
  - Surgery
  - Hearing problems

- Thyroid condition
- Craniofacial problem (e.g. cleft palate or hair lip)
- Leukemia and other cancers
- Vision problems
- Asthma
- Diabetes

- No one plan stands out as consistently higher in the CCC rankings. All plans score high (90% and up) in *Access to Prescription Medications*.
- There is a wide range of scores for *Access to Specialized Services* from a high of 92% (Community Health Group) to a low of 65% (Molina Healthcare).
- Health Plan of San Mateo scored significantly above average in the three composites that reflect Family Centered Care; however, the rest of the plans show a wide variety of scores in these areas, with no other plan consistently significantly above or below the HFP plan average.
- Scores for *Coordination of Care* range from a high of 83% (Santa Clara Family Health Plan) to a low of 58% (Anthem Blue Cross EPO).

## ***Key Findings From the YAHCS***

- As in the prior year, teens continue to report very low levels of counseling and screening. The lowest rates were for counseling and screening related to preventing risky behaviors (14.9%), mental health (15.2%) and unwanted pregnancy and STDS (20.1%). Teens were much more likely to get counseling related to diet, weight and exercise, although less than half of teens (46%) surveyed reported receiving such counseling.
- The HFP program average for 6 of the 8 composites were at or below the national average for combined Medicaid and State Children's Health Insurance Program (SCHIP) as reported in the Child and Adolescent Health Measurement Initiative (CAHMI) database.
- HFP ratings for all composites remained constant between 2006 and 2007.

# Executive Summary

## *Key Findings From the YAHCS (continued)*

- Overall, teens reported that they were in good health. Only 2% of teens reported that they engaged in more than 2 risky behaviors, such as drinking alcohol, smoking, having unprotected sex, not wearing a seatbelt or helmet, etc.
- As in 2006, teens continue to give their doctors high ratings and though they rarely received counseling or screening, they found counseling to be helpful when they received it.
- In general, teens who had a routine care visit in the last 12 months reported slightly higher rates of counseling and screening and overall satisfaction with the program.

### *High Performing Plans*

- Health Plan of San Mateo consistently ranked significantly above the program average on all measures where comparisons were possible.
- Two plans had four out of six ratings that were statistically significantly above the program average:
  - Central Coast Alliance for Health
  - San Francisco Health Plan

### *Low Performing Plans*

- Two plans had five out of six ratings that were statistically significantly below the program average:
  - Anthem Blue Cross HMO
  - Blue Shield HMO
- Community Health Plan had four out of six ratings that were statistically significantly below the program average:

A summary of the plans that were statistically significantly above or below the program averages on the YAHCS ratings is in Appendix K.

## *Conclusion*

Overall the results of the CAHPS and YAHCS surveys reveal that the families of children enrolled in the Healthy Families Program have a high level of satisfaction with their plans and providers. CAHPS results have remained stable and positive over the past four years. The YAHCS results indicate several opportunities for improvement.

MRMIB is concerned about the low number of teens that receive counseling and screening from their doctors. Several plans appear to be more successful in addressing the unique needs of their adolescent members based on their constantly higher ratings in the YAHCS, although even in these plans the rate of counseling and screening is still very low. Further research would involve looking at best practices among the higher performing plans to identify activities that other plans could implement to improve the outcomes for teen members.

Another area for further research and quality improvement efforts is the low number of teens who receive counseling and screening related to mental health. MRMIB is currently conducting an evaluation of the mental health and substance abuse services provided by HFP plans. One aspect of the evaluation is to review the screening tools and best practices among the health plans. We hope that the evaluation along with recommendations from the Advisory Committee on Quality will lead to improved YAHCS evaluation scores.

Finally, throughout the CAHPS surveys, some Asian respondents reported significantly lower ratings for most measures. This is an area for further research to determine if this is due to cultural factors, difficulty communicating with providers, access issues, or other issues.

Funding for the CAHPS survey is not included in the Governor's proposed 2008-09 budget. If changes to the HFP proposed in the Governor's budget are implemented, member satisfaction with the program may change. Conducting the CAHPS survey in a year or two would help MRMIB and the state understand the impact the budget changes have on HFP members' satisfaction with their plans and with the program. MRMIB recommends the state fund the CAHPS survey, including the CCC measurement set, and conduct the YAHCS at least every other year to monitor and improve plan performance.



## Reading this Report

On the pages that follow, each rating is summarized beginning with the CAHPS global ratings, CAHPS composites, then the composite ratings related to services provided to children with chronic conditions. Following the CAHPS and children with chronic condition ratings are the results of the YAHCS survey.

There was a relatively small number of responses for some of the survey ratings. Plans and demographic groups with less than 30 responses have been noted with an asterisk. While statistically reliable conclusions should not be made on responses of less than 30, MRMIB believes that the results are interesting enough to display.

There are several acronyms and terms that need defining:

- “CCC” refers to children with chronic conditions. The CAHPS survey included a screening tool to determine which families had a child with a chronic condition. Their responses are compared to the overall program average and are referred to throughout the report as “CCC”.
- “CAHMI” refers to the Child and Adolescent Health Measurement Initiative. CAHMI is a national organization that has developed several quality measurement tools, including YAHCS, that assess the quality of care provided to children and teens. The results of the YAHCS survey are compared to the CAHMI national database. The most recent national data was collected from 1999 to 2002.
- The summary for each rating contains a chart that compares the responses by ethnicity of the child. The “All Others” group includes American Indian or Alaskan Native, Native Hawaiian or Pacific Islander and any other respondent who chose “other” as their ethnicity.

# CAHPS Survey Methodology

MRMIB conducted the CAHPS survey for the Healthy Families Program through an independent survey vendor, DataStat, Inc., using the CAHPS 3.0 child Medicaid survey with the Children with Chronic Conditions (CCC) measurement set. The CAHPS survey contained 115 questions. Responses to the CAHPS questions have been summarized into the following four global ratings, five composite ratings and six composite ratings from the (CCC) measurement set:

***The CAHPS global ratings include ratings of:***

- Health Plan
- Health Care
- Doctor or Nurse
- Specialist

***The CAHPS composite ratings are:***

- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Courteous and Helpful Office Staff
- Customer Service

***The CAHPS composite ratings from the Children with Chronic Conditions measurement set are:***

- Access to Prescription Medications
- Access to Specialized Services
- Family Centered Care: Personal Doctor or Nurse Who Knows Child
- Family Centered Care: Shared Decision Making
- Family Centered Care: Getting Needed Information
- Coordination of Care

The surveys were administered in five language—English, Spanish, Chinese, Korean and Vietnamese— over an 8-week period from September to November 2007. DataStat used a five-wave protocol that consisted of a pre-notification mailing, initial survey mailing, a reminder postcard, second survey mailing and a second reminder postcard to all non-respondents. Telephone follow-up was conducted for English and Spanish speaking non-respondents.

A random sample of 900 families from each health plan was selected for the CAHPS survey. The sample size was determined by the minimum number of returned surveys needed for the analysis and the expected response rates. Twenty-two plans had sufficient enrollment to provide the target sample. Two plans did not have sufficient enrollment to provide a sample of 900 families so all eligible families were surveyed.

A total of 20,772 families were selected to participate in the CAHPS survey and 10,420 useable surveys were returned for a response rate of 52%. The number of families selected for the survey and the distribution by health plan and by language are presented in Appendix C.



# YAHCS Methodology

DataStat, Inc. also administered the young adult survey to teens in the Healthy Families Program using the YAHCS survey. The YAHCS contains 58 questions which have been summarized into the following eight composite ratings:

- Counseling and screening to prevent risky behaviors
- Counseling and screening to prevent unwanted pregnancy and STDs
- Counseling and screening related to diet, weight and exercise
- Counseling and screening related to depression, mental health and relationships
- Care provided in a confidential and private setting
- Helpfulness of counseling provided
- Communication and experience of care
- Health information

The survey was administered directly to teens in five languages—English, Spanish, Chinese, Korean and Vietnamese—over an 8-week period from September to November 2007. DataStat used a five-wave protocol that consisted of a pre-notification mailing, initial survey mailing, a reminder postcard, second survey mailing and a second reminder postcard to all non-respondents. The teens that received the YAHCS survey were given the option of completing the survey on-line in English or Spanish.

In an effort to increase the sample size for the YAHCS and to have a representative sample for each plan, DataStat pulled the YAHCS sample before the CAHPS sample. A random sample of 900 teens from each health plan was selected for the YAHCS. However, twelve plans had less than 900 teens in their total eligible population so all eligible teens were surveyed.

A total of 16,872 teens were selected to participate in the YAHCS and 6,030 useable surveys were returned for a response rate of 37%. The overall response rate for the YAHCS survey declined from 45% in 2006 despite changes in the timing of the survey and the sampling methodology to increase overall response. Four percent (4%), or 258 teens, completed the survey on-line compared to 3%, or 214 teens, in 2006. The number of teens selected for the survey and the distribution by health plan and by language are presented in Appendix E.

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# Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey assesses the experiences of Healthy Families Program consumers with their health plans and the degree to which they are satisfied with the medical care their children received. The survey results offer insight into how well the HFP overall and individual health plans, in particular, are meeting the needs of children in the program. The standard CAHPS survey consists of 76 questions that are grouped into four global ratings and five composite ratings.

The four global ratings include:

- Rating of Health Plan
- Rating of Health Care
- Rating of Doctor or Nurse
- Rating of Specialist

A 10-point scale is used to assess the overall experience with health plans, health care, doctors and specialists. A rating of 8, 9 or 10 is considered a positive achievement score. However, the rates obtained from the 2007 CAHPS® Health Plan Survey Chartbook for comparison to national child Medicaid responses are based on ratings of 7, 8, 9 or 10.

The five composite ratings include:

- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Courteous and Helpful Office Staff
- Customer Service

The composite ratings are made up of questions that are grouped together and the achievement score is determined by the percentage of respondents that respond positively to the questions that make up the composite. For the *Getting Needed Care* and *Customer Service* composites, a response of “not a problem” was a positive response. For the *Getting Care Quickly*, *How Well Doctors Communicate* and *Courteous and Helpful Office Staff* composites, a response of “usually” or “always” were considered a positive response.

The charts and analysis on the following pages contain the survey results for the global ratings and the composites. Included in each analysis are the following charts:

- Individual plan results.
- Comparison to the national child Medicaid average.
- Comparison of the general population average to the responses of children with chronic conditions.
- Comparison by demographic factors—age ranges, language spoken at home, and ethnicity of the child.

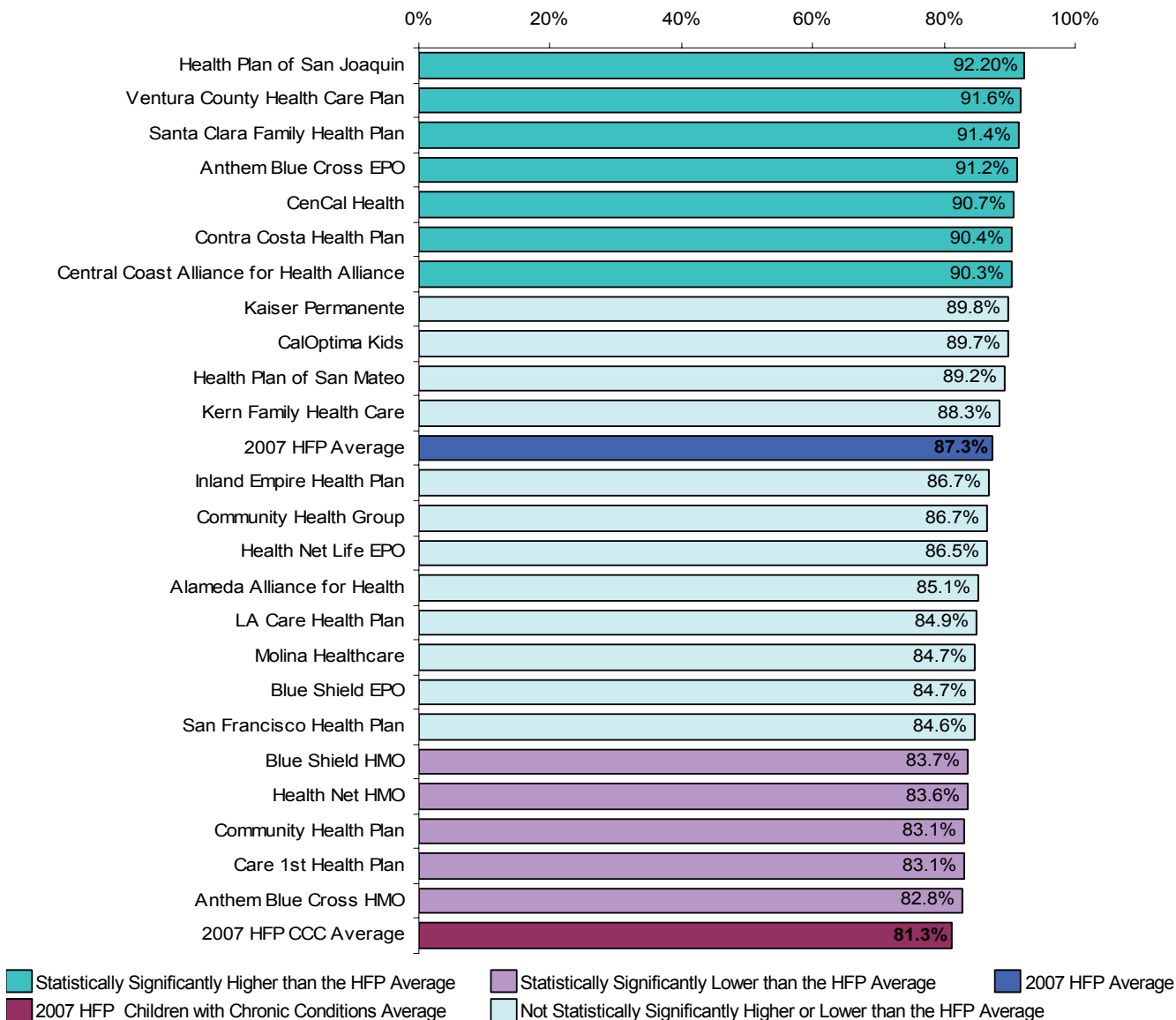
The analysis shows that the CAHPS survey results have remained stable over the past 4 years. There has been virtually no change in any of the ratings. Members continue to give positive ratings to their health plans, health care and providers. Appendix A shows the trend data for the CAHPS ratings. Overall, HFP members reported higher levels of satisfaction compared to the national child Medicaid results. The demographic comparisons show that Hispanic and White respondents gave the highest ratings across most of the CAHPS global and composite ratings while Asian respondents typically reported lower ratings.

# CAHPS: Rating of Health Plan

## Overall Rating of Health Plan

Respondents were asked to rate their child's health plan on a scale of 0 to 10, with 0 equaling the "worst health plan possible" and 10 equaling the "best health plan possible". The scores below indicate the percentage of respondents who gave their child's health plan a rating of 8, 9 or 10. The *2007 HFP Average* is the average rating of all respondents. The *2007 HFP CCC Average* is the average rating only for those whose child had a chronic condition.

**Figure 1. Individual Plan Results for Health Plan Rating**



## Health Plan Comparison:

Seven plans received ratings that were statistically significantly ( $p < .05$ ) higher than the program average:

- Health Plan of San Joaquin
- Ventura County Health Plan
- Santa Clara Family Health Plan
- Anthem Blue Cross EPO
- CenCal Health
- Contra Costa Health Plan
- Central Coast Alliance for Health

Five plans received ratings that were statistically significantly ( $p < .05$ ) below the program average:

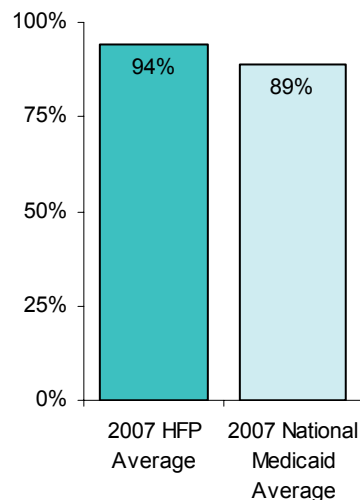
- Blue Shield HMO
- Health Net HMO
- Community Health Plan
- Care 1st Health Plan
- Anthem Blue Cross HMO

Two plans showed an improvement of 5% or more from 2006 to 2007:

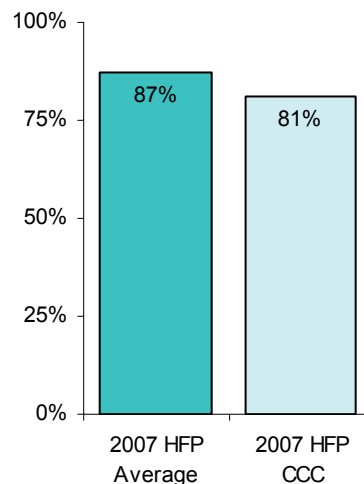
- L.A. Care Health Plan
- Blue Shield HMO

# CAHPS: Rating of Health Plan

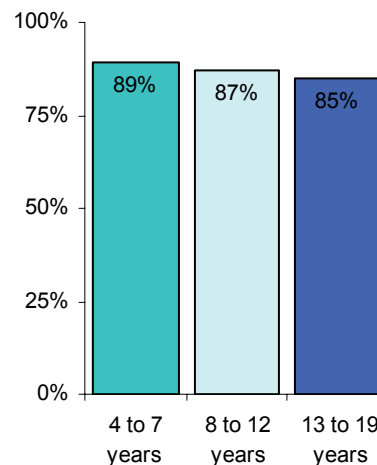
**Figure 2. Comparison to National Medicaid Average**



**Figure 3. Comparison to Responses of Children with Chronic Conditions**

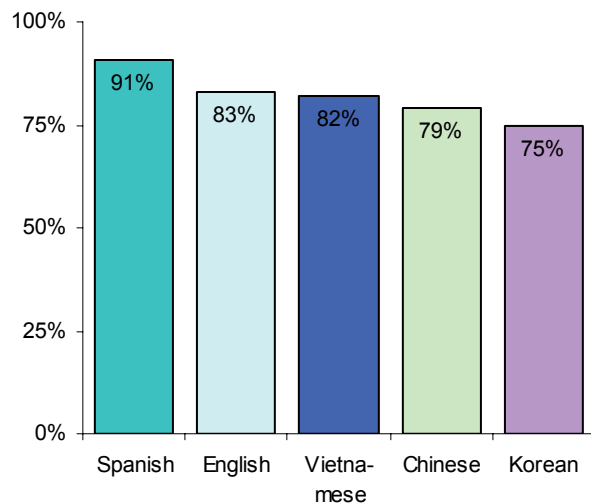


**Figure 4. Health Plan Rating by Member Age**

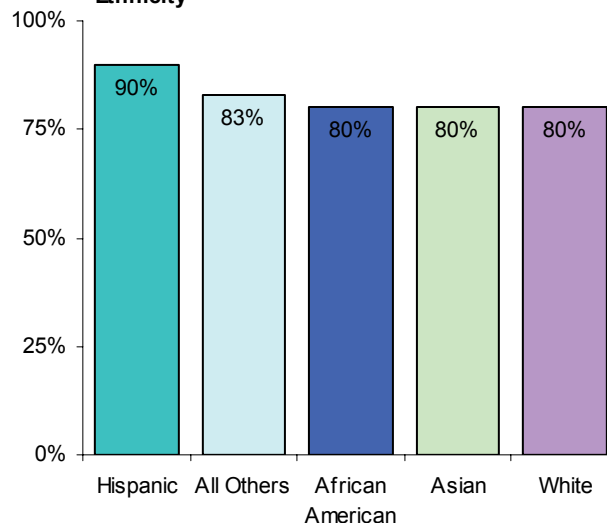


Source: 2007 CAHPS® Health Plan Survey Chartbook  
Note: Comparison to National Medicaid Average based on ratings of 7, 8, 9 or 10. All other scores are for ratings of 8, 9 or 10.

**Figure 5. Health Plan Rating by Member Language**



**Figure 6. Health Plan Rating by Member Ethnicity**



## Key Findings:

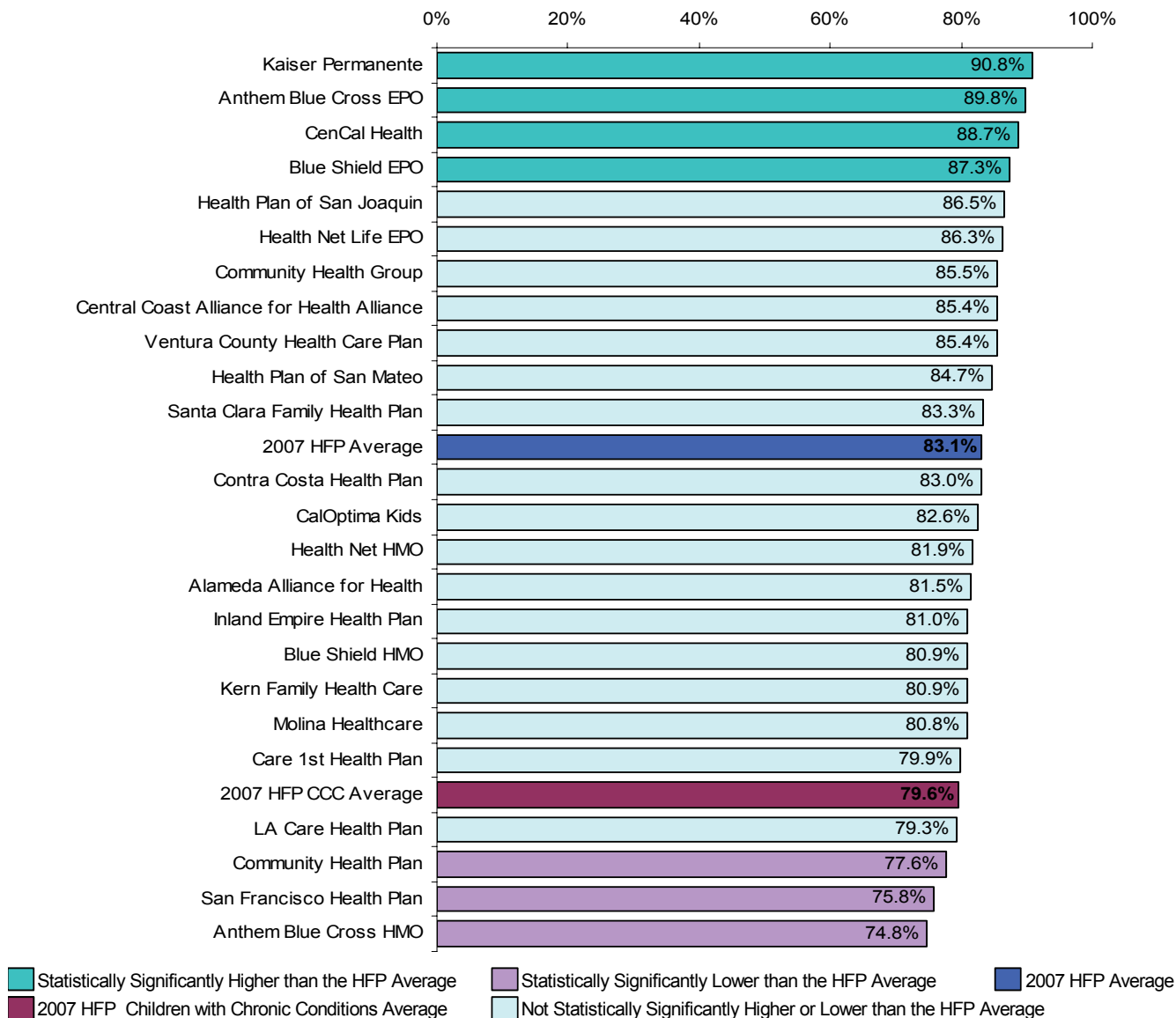
- The overall rating of health plan showed virtually no change in 2007 (87.3%) compared to 2006 (85.7%).
- HFP respondents reported a higher level of satisfaction with their child's health plan compared to respondents in national Medicaid programs (Figure 2).
- Eighty-seven percent of survey respondents gave their child's health plan a rating of 8, 9 or 10 (Figure 3).
- Respondents whose child was identified as having a chronic condition were less satisfied with their child's health plan compared to all respondents (Figure 3).
- There was very little difference in satisfaction by age group (Figure 4).
- Chinese and Korean speakers reported lower levels of satisfaction with their child's health plan compared to Spanish and English speakers (Figure 5).
- Nine out of ten Hispanic respondents gave their child's health plan a high rating compared to eight out of ten African American, Asian and White respondents (Figure 6).

# CAHPS: Rating of Health Care

## Overall Rating of Health Care

Respondents were asked to rate their child's health care on a scale of 0 to 10, with 0 equaling the "worst health care possible" and 10 equaling the "best health care possible". The scores below indicate the percentage of respondents who gave their child's health care a rating of 8, 9 or 10. The *2007 HFP Average* is the average rating of all respondents. The *2007 HFP CCC Average* is the average rating only for those whose child had a chronic condition.

**Figure 7. Individual Plan Results for Health Care Rating**



## Health Plan Comparison:

Four plans received ratings that were statistically significantly higher ( $p < .05$ ) than the program average:

- Kaiser Permanente
- Anthem Blue Cross EPO
- CenCal Health
- Blue Shield EPO

Three plans received ratings that were statistically significantly below ( $p < .05$ ) the program average:

- Community Health Plan
- San Francisco Health Plan
- Anthem Blue Cross HMO

Three plans showed an improvement of 5% or more from 2006 to 2007:

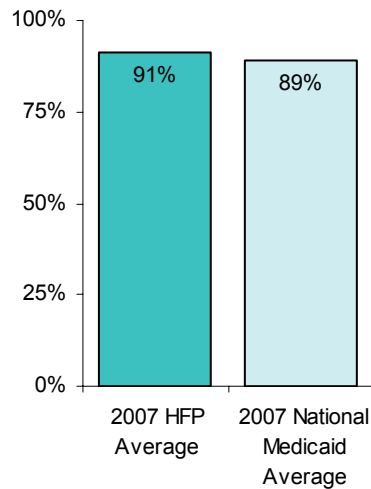
- Inland Empire Health Plan
- Care 1st Health Plan
- CenCal Health Plan

Note: While L.A. Care Health Plan's score was below the 2007 HFP Average, due to an overall smaller sample size than other plans, the rating is not considered statistically significantly below the program average.

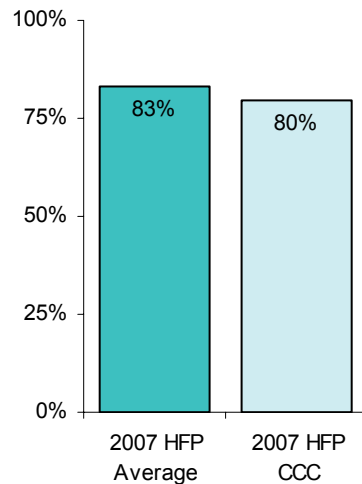


# CAHPS: Rating of Health Care

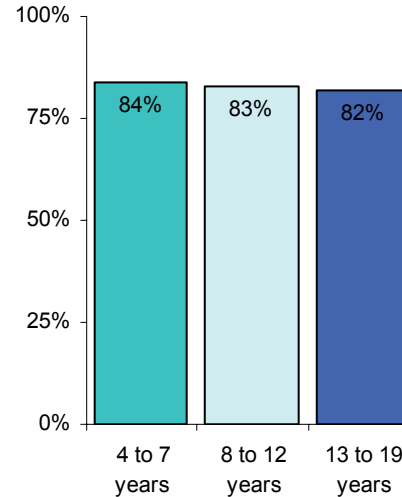
**Figure 8. Comparison to National Medicaid Average**



**Figure 9. Comparison to Responses of Children with Chronic Conditions**

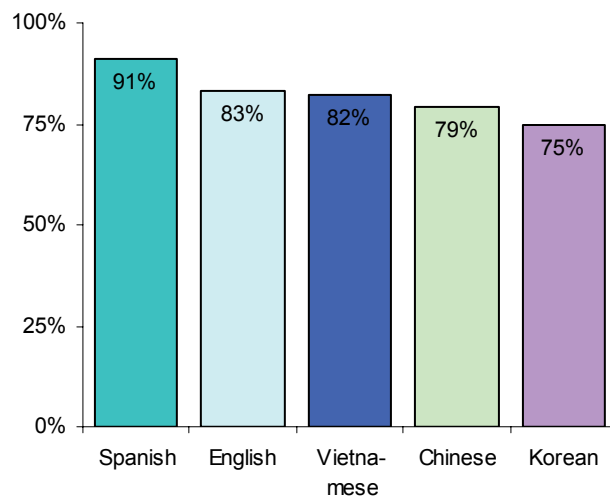


**Figure 10. Health Care Rating by Member Age**

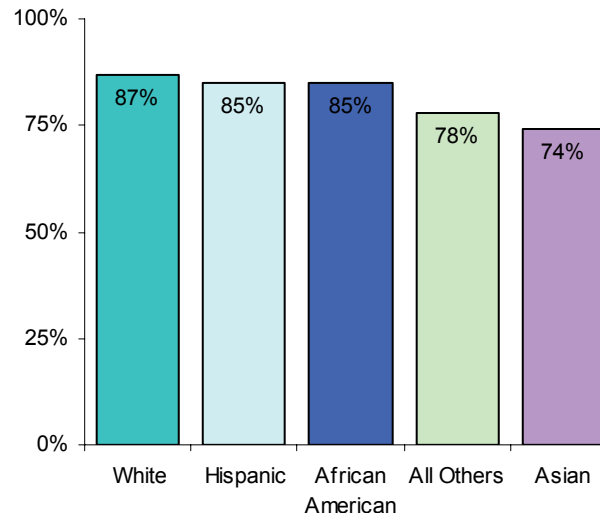


Source: 2007 CAHPS® Health Plan Survey Chartbook  
 Note: Comparison to National Medicaid Average based on ratings of 7, 8, 9 or 10. All other scores are for ratings of 8, 9 or 10.

**Figure 11. Health Care Rating by Member Language**



**Figure 12. Health Care Rating by Member Ethnicity**



## Key Findings

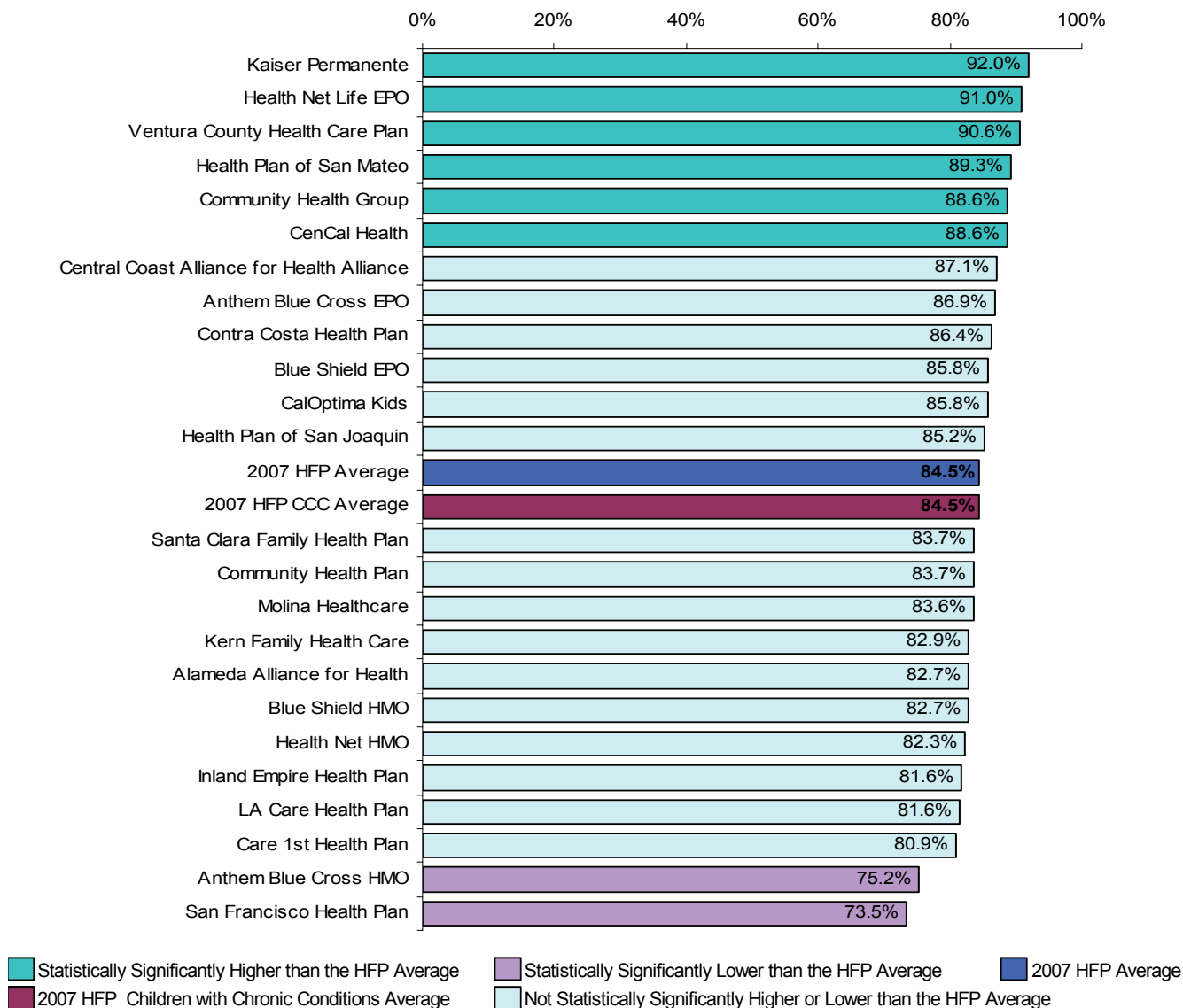
- The overall rating of health care increased slightly in 2007 (83.1%) compared to 2006 (80.4%).
- There was virtually no difference in rating of health care between HFP respondents and respondents in national Medicaid programs (Figure 8).
- Eighty-three percent (83%) of respondents gave their child's health care a rating of 8, 9 or 10 (Figure 9).
- Respondents whose child was identified as having a chronic condition were slightly less satisfied with their child's health care than the overall average (Figure 9).
- There was no difference in ratings based on the child's age (Figure 10).
- Asian language speakers reported significantly lower levels of satisfaction with their child's health care compared to Spanish speakers (Figure 11).
- More than eight out of ten White, Hispanic and African American respondents gave their child's health care a high rating compared to seven out of ten Asian respondents (Figure 12).

# CAHPS: Rating of Doctor or Nurse

## Overall Rating of Doctor or Nurse

Respondents were asked to rate their child's personal doctor or nurse on a scale of 0 to 10, with 0 equaling the "worst doctor or nurse possible" and 10 equaling the "best doctor or nurse possible". The scores below indicate the percentage of respondents who gave their child's doctor or nurse a rating of 8, 9 or 10. The *2007 HFP Average* is the average rating of all respondents. The *2007 HFP CCC Average* is the average rating only for those whose child had a chronic condition.

**Figure 13. Individual Plan Results for Rating of Doctor or Nurse**



## Health Plan Comparison:

Six plans received ratings that were statistically significantly higher ( $p < .05$ ) than the program average:

- Kaiser Permanente
- Health Net Life EPO
- Ventura County Health Plan
- Health Plan of San Mateo
- Community Health Group
- CenCal Health

Two plans received ratings that were statistically significantly below ( $p < .05$ ) the program average:

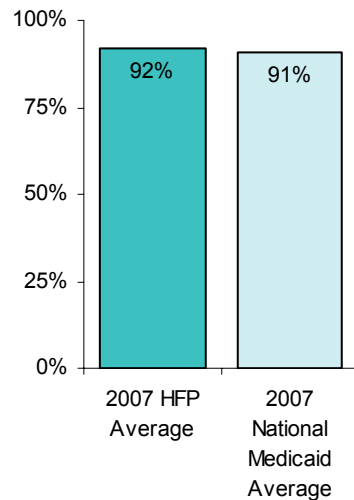
- Anthem Blue Cross HMO
- San Francisco Health Plan

Six plans showed an improvement of 5% or more from 2006 to 2007:

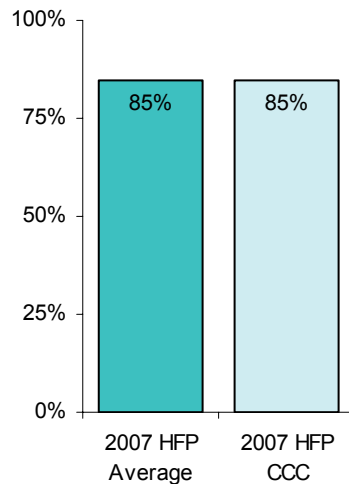
- Care 1st Health Plan
- Blue Shield HMO
- CenCal Health
- Ventura County Health Plan
- Health Plan of San Mateo
- Health Plan of San Joaquin

# CAHPS: Rating of Doctor or Nurse

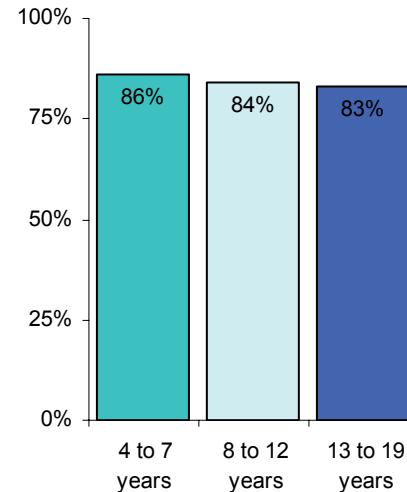
**Figure 14. Comparison to National Medicaid Average**



**Figure 15. Comparison to Responses of Children with Chronic Conditions**

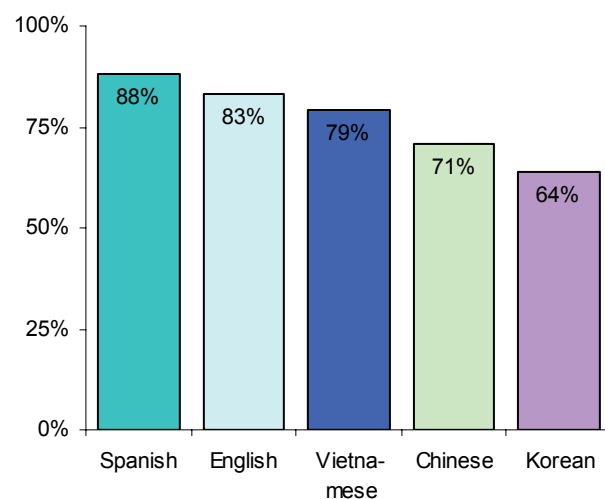


**Figure 16. Doctor Rating by Member Age**

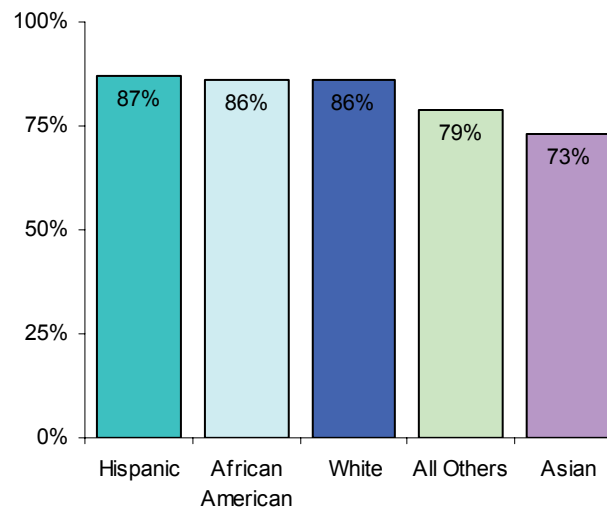


Source: 2007 CAHPS® Health Plan Survey Chartbook  
 Note: Comparison to National Medicaid Average based on ratings of 7, 8, 9 or 10. All other scores are for ratings of 8, 9 or 10.

**Figure 17. Doctor Rating by Member Language**



**Figure 18. Doctor Rating by Member Ethnicity**



## Key Findings

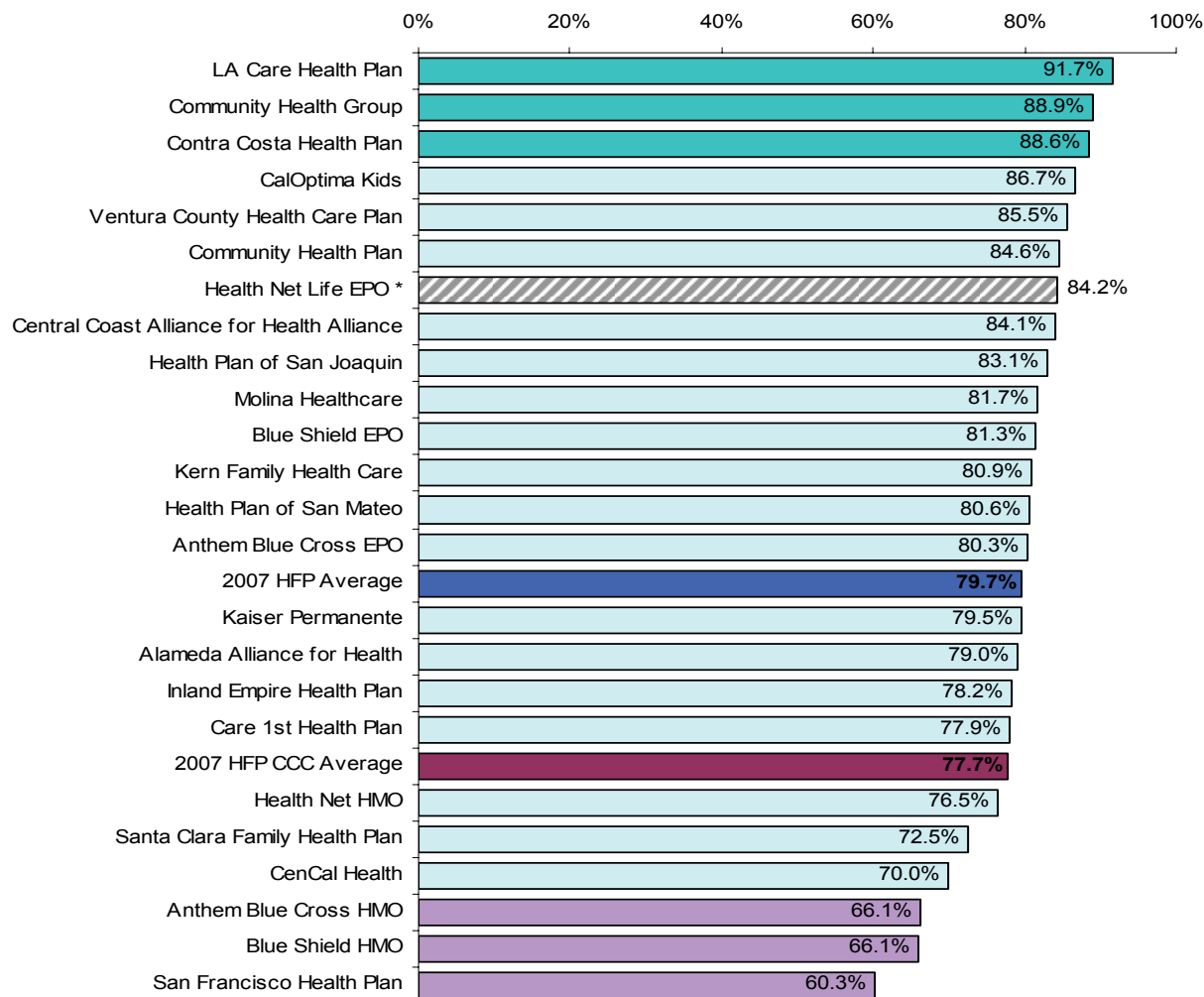
- There was no statistical difference in the overall rating of doctor or nurse in 2007 (84.5%) compared to 2006 (82.6%). Similarly, there was very little variation compared to the national Medicaid average (Figure 14).
- Eighty-five percent (85%) of survey respondents gave their child's doctor or nurse a rating of 8, 9 or 10 (Figure 15).
- There was no difference in the rating reported by respondents whose child was identified as having a chronic condition compared to all HFP respondents (Figure 15).
- There was very little variation in ratings among age groups (Figure 16).
- Chinese and Korean speakers reported the lowest levels of satisfaction with their child's doctor or nurse (Figure 17).
- Nearly nine out of ten Hispanic, African American and White respondents gave their child's doctor or nurse a high rating compared to seven out of ten Asian respondents (Figure 18).

# CAHPS: Rating of Specialist

## Overall Rating of Specialist

Respondents were asked to rate their child's Specialist on a scale of 0 to 10, with 0 equaling the "worst specialist possible" and 10 equaling the "best specialist possible". The scores below indicate the percentage of respondents who gave their child's specialist a rating of 8, 9 or 10. The 2007 HFP Average is the average rating of all respondents. The 2007 HFP CCC Average is the average rating only for those whose child had a chronic condition.

**Figure 19. Individual Plan Results for Specialist Rating**



■ Statistically Significantly Higher than the HFP Average    
 ■ Statistically Significantly Lower than the HFP Average    
 ■ 2007 HFP Average  
■ 2007 HFP Children with Chronic Conditions Average    
 ■ Not Statistically Significantly Higher or Lower than the HFP Average  
▨ Score based on less than 30 observations and should be viewed with caution

## Health Plan Comparison:

Three plans received ratings that were statistically significantly higher ( $p < .05$ ) than the program average:

- L.A. Care Health Plan
- Community Health Group
- Contra Costa Health Plan

Three plans received ratings that were statistically significantly below ( $p < .05$ ) the program average:

- Anthem Blue Cross HMO
- Blue Shield HMO
- San Francisco Health Plan

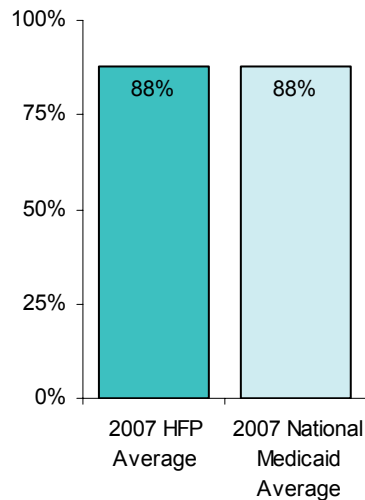
Two plans showed an improvement of 5% or more from 2006 to 2007:

- CalOptima Kids
- Community Health Group

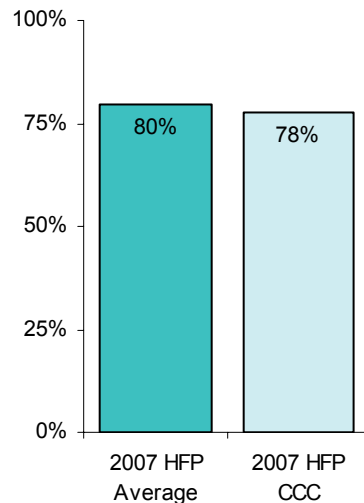
Note: Health Net Life EPO had less than 30 responses for this rating. Their score is shown in grey and should be viewed with caution.

# CAHPS: Rating of Specialist

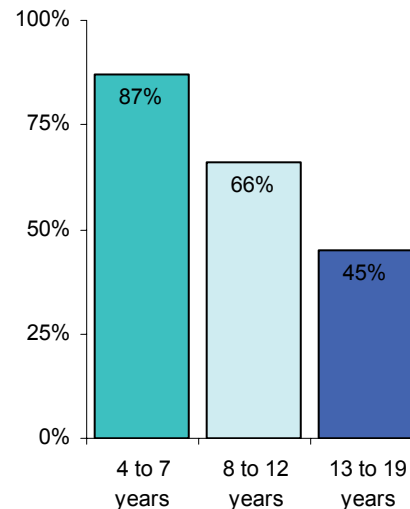
**Figure 20. Comparison to National Medicaid Average**



**Figure 21. Comparison to Responses of Children with Chronic Conditions**

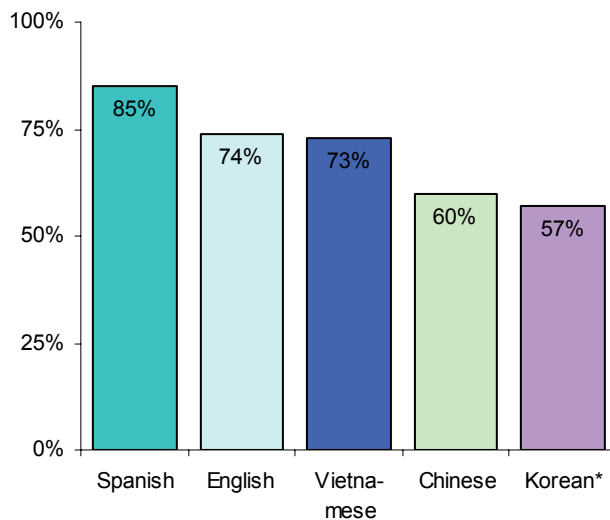


**Figure 22. Specialist Rating by Member Age**



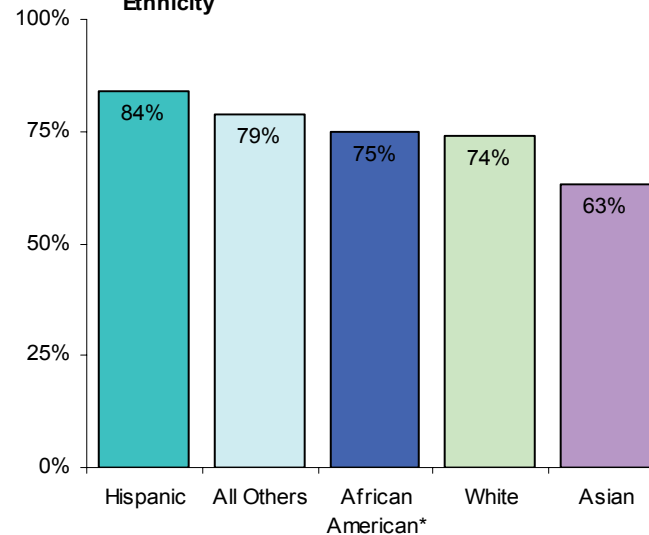
Source: 2007 CAHPS® Health Plan Survey Chartbook  
Note: Comparison to National Medicaid Average based on ratings of 7, 8, 9 or 10. All other scores are for ratings of 8, 9 or 10.

**Figure 23. Specialist Rating by Member Language**



\* Score based on less than 30 observations and should be viewed with caution.

**Figure 24. Specialist Rating by Member Ethnicity**



\* Score based on less than 30 observations and should be viewed with caution.

## Key Findings

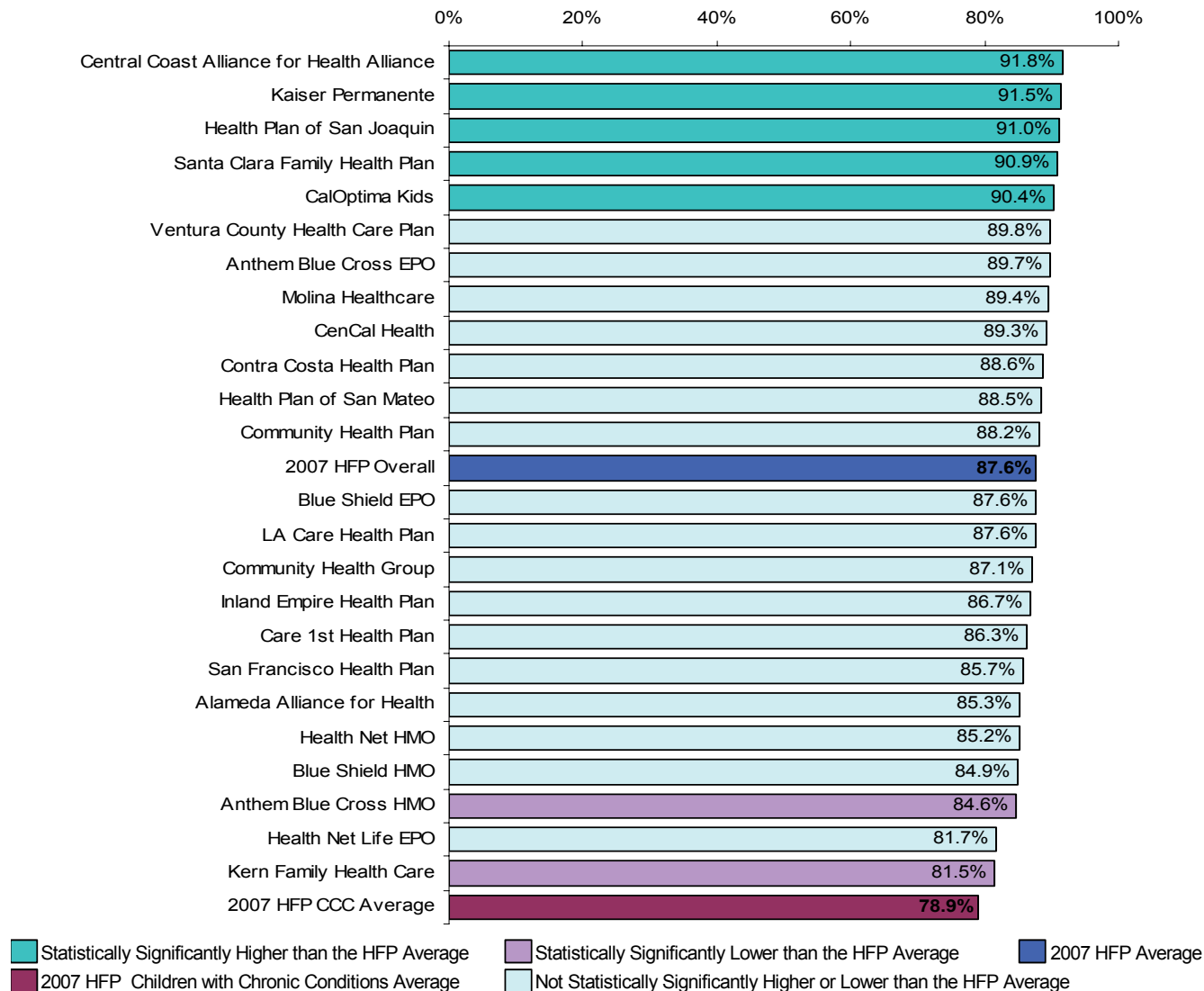
- The overall rating of specialist remained relatively constant in 2007 (79.7%) compared to 2006 (81.6%). The rating was nearly the same for children with chronic conditions (Figure 21).
- HFP respondents reported the same level of satisfaction with their child's specialist compared to respondents in national Medicaid programs (Figure 20).
- Eighty percent (80%) of respondents gave their child's Specialist a rating of 8, 9 or 10 (Figure 21).
- Satisfaction with the child's specialist decreased significantly as the child's age increased (Figure 22).
- Chinese and Korean speakers reported much lower levels of satisfaction with their child's Specialist compared to Spanish, English and Vietnamese speakers (Figure 23).
- More than eight out of ten Hispanic respondents gave their child's specialist a high rating compared to six out of ten Asian respondents (Figure 24).

# CAHPS: Getting Needed Care

## Getting Needed Care

The *Getting Needed Care* composite measures the experiences of members when attempting to get care for their child from doctors or specialists. The scores below indicate the percentage of respondents who answered “not a problem” to questions related to getting the care they believed their child needed. The *2007 HFP Average* is the average rating of all respondents. The *2007 HFP CCC Average* is the average rating only for those whose child had a chronic condition.

**Figure 25. Individual Plan Results for the Rating of *Getting Needed Care***



## Health Plan Comparison:

Five plans received ratings that were statistically significantly higher ( $p < .05$ ) than the program average:

- Central Coast Alliance for Health
- Kaiser Permanente
- Health Plan of San Joaquin
- Santa Clara Family Health Plan
- CalOptima Kids

Two plans received ratings that were statistically significantly below ( $p < .05$ ) the program average:

- Anthem Blue Cross HMO
- Kern Family Health Care

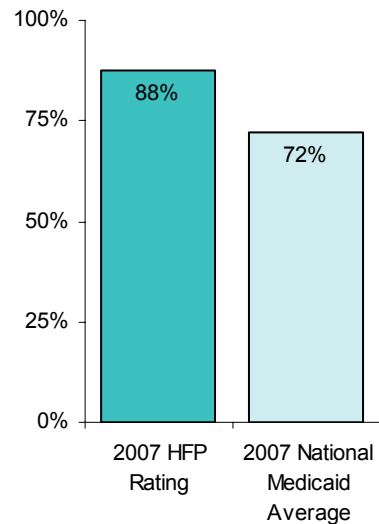
Four plans showed an improvement of 5% or more from 2006 to 2007:

- L.A. Care Health
- Molina Healthcare
- CalOptima Kids
- Community Health Plan

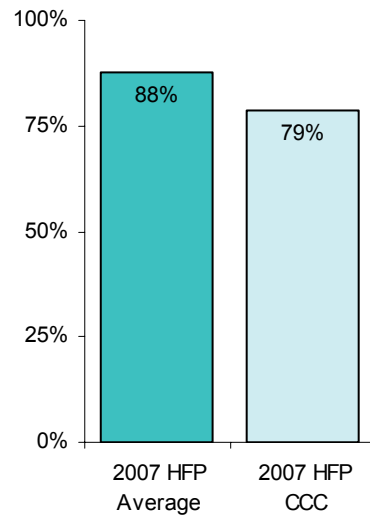
Note: While Health Net Life EPO's score was below the 2007 HFP average, due to an overall smaller sample size than other plans, it was not considered statistically significantly below the program average.



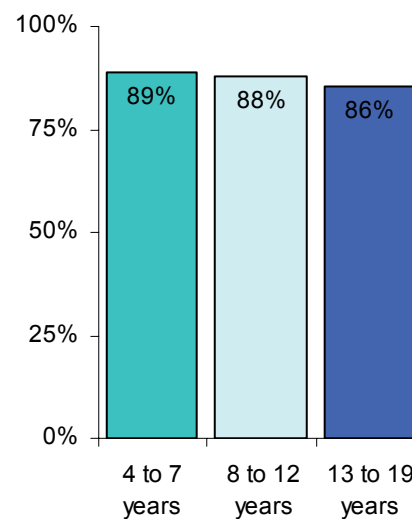
**Figure 26. Comparison to National Medicaid Average**



**Figure 27. Comparison to Responses of Children with Chronic Conditions**

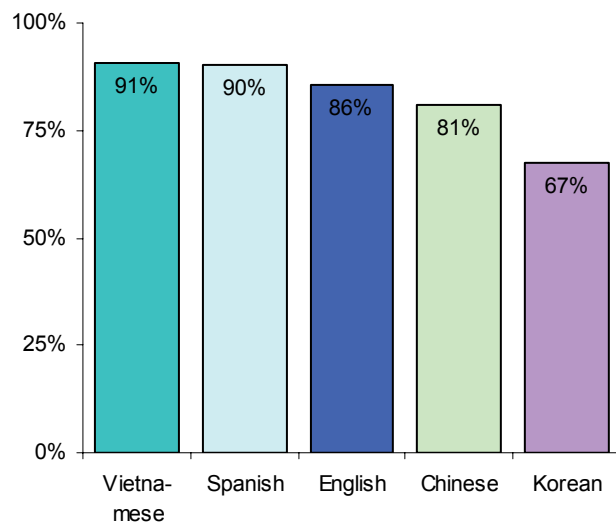


**Figure 28. Getting Needed Care Rating by Member Age**

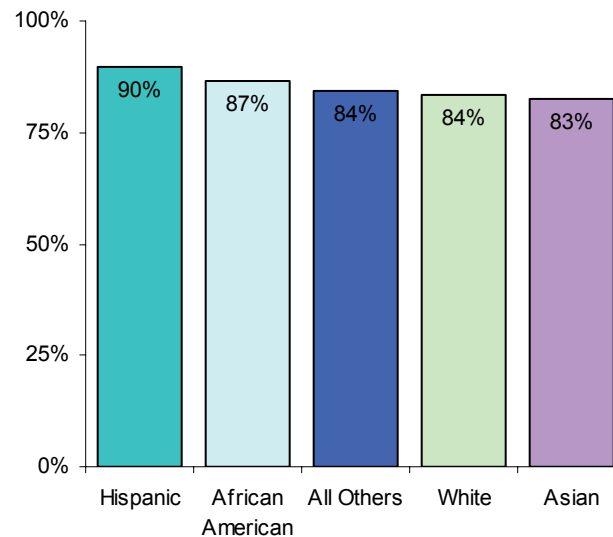


Source: 2007 CAHPS® Health Plan Survey Chartbook

**Figure 29. Getting Needed Care Rating by Member Language**



**Figure 30. Getting Needed Care Rating by Member Ethnicity**



## Key Findings

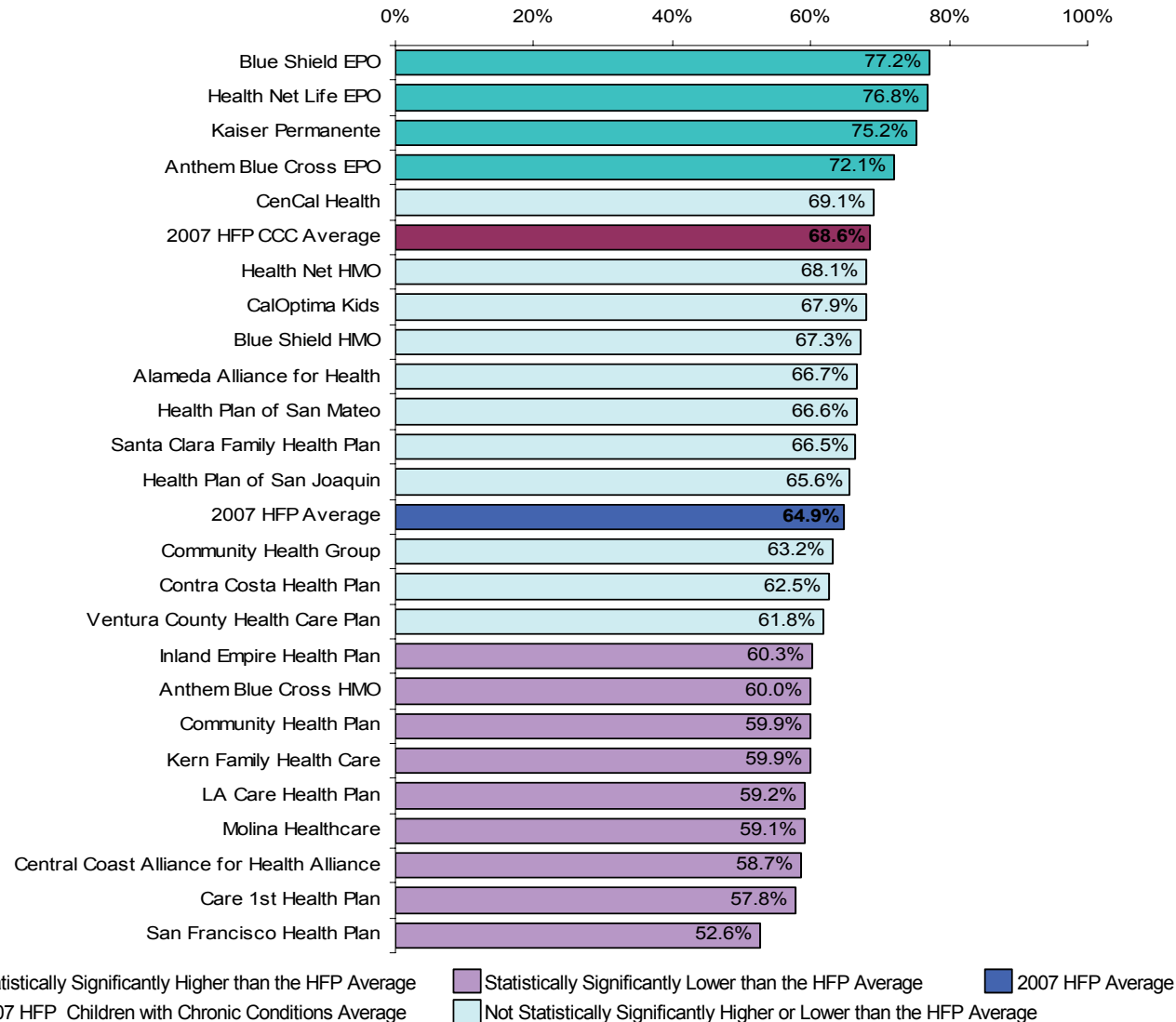
- The *Getting Needed Care* rating remained relatively constant in 2007 (87.6%) compared to 2006 (85.3%).
- HFP respondents reported considerably fewer problems getting the care their child needed compared to respondents in national Medicaid programs (Figure 26).
- Eighty-eight percent (88%) of respondents reported that they did not have any problems getting the care they needed for their child (Figure 27).
- However, respondents whose child was identified as having a chronic condition reported more problems getting the care they needed for their child compared to the HFP average (Figure 27).
- There was no significant differences in experience based on the child's age (Figure 28).
- While Asian respondents reported the most problems getting care for their child, Vietnamese speakers reported the fewest problems. (Figures 29 and 30).

# CAHPS: Getting Care Quickly

## Getting Care Quickly

The *Getting Care Quickly* composite measures the experiences of members when attempting to get care from doctors or specialists. The scores below indicate the percentage of respondents who answered “usually” or “always” to questions related to how often they got the care their child needed as soon as they wanted. The *2007 HFP Average* is the average rating of all respondents. The *2007 HFP CCC Average* is the average rating only for those whose child had a chronic condition.

**Figure 31. Individual Plan Results for the Rating of *Getting Care Quickly***



## Health Plan Comparison:

Four plans received ratings that were statistically significantly higher ( $p < .05$ ) than the program average:

- Blue Shield EPO
- Health Net Life EPO
- Kaiser Permanente
- Anthem Blue Cross EPO

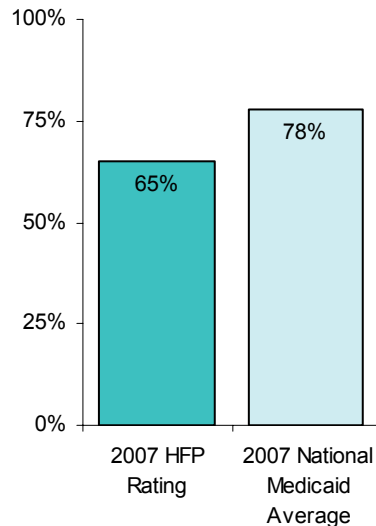
Nine plans received ratings that were statistically significantly below ( $p < .05$ ) the program average:

- Inland Empire Health Plan
- Anthem Blue Cross HMO
- Community Health Plan
- Kern Family Health Care
- L.A. Care Health Plan
- Molina Healthcare
- Central Coast Alliance for Health
- Care 1st Health Plan
- San Francisco Health Plan

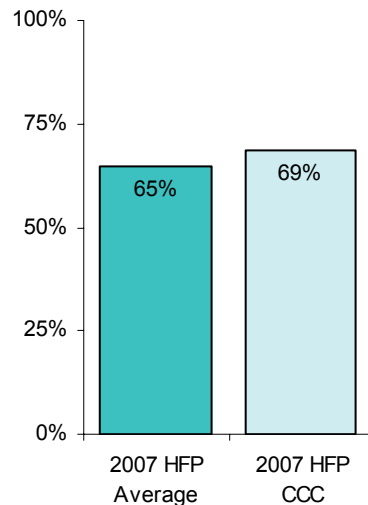
Four plans showed an improvement of 5% or more from 2006 to 2007:

- CalOptima Kids
- Health Net Life EPO
- L.A. Care Health Plan
- Health Plan of San Mateo

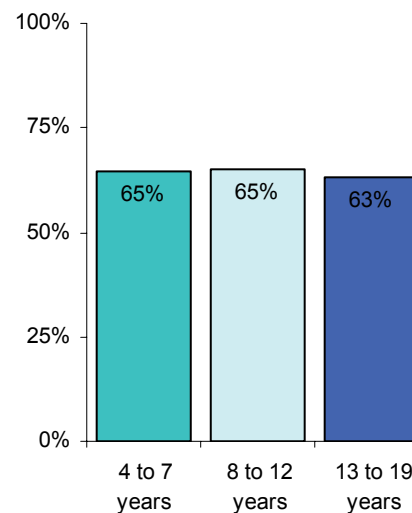
**Figure 32. Comparison to National Medicaid Average**



**Figure 33. Comparison to Responses of Children with Chronic Conditions**

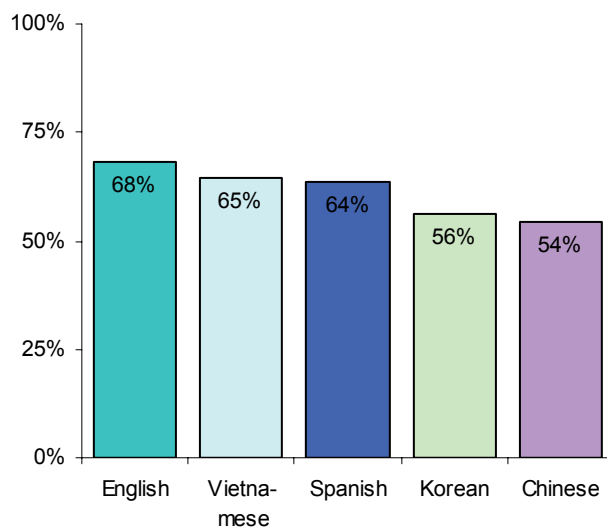


**Figure 34. Getting Care Quickly Rating by Member Age**

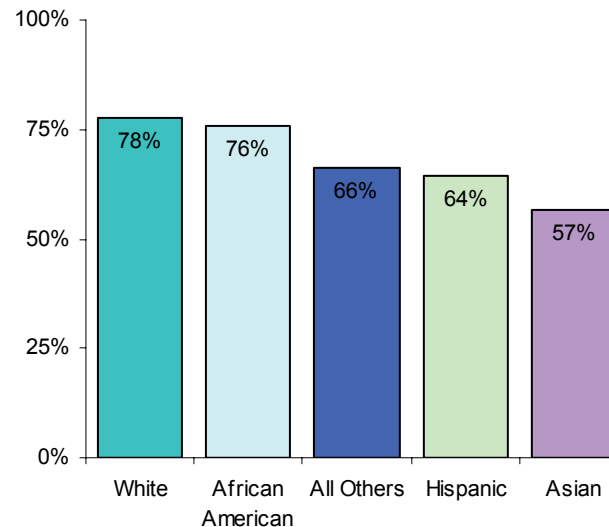


Source: 2007 CAHPS® Health Plan Survey Chartbook

**Figure 35. Getting Care Quickly Rating by Member Language**



**Figure 36. Getting Care Quickly Rating by Member Ethnicity**



## Key Findings

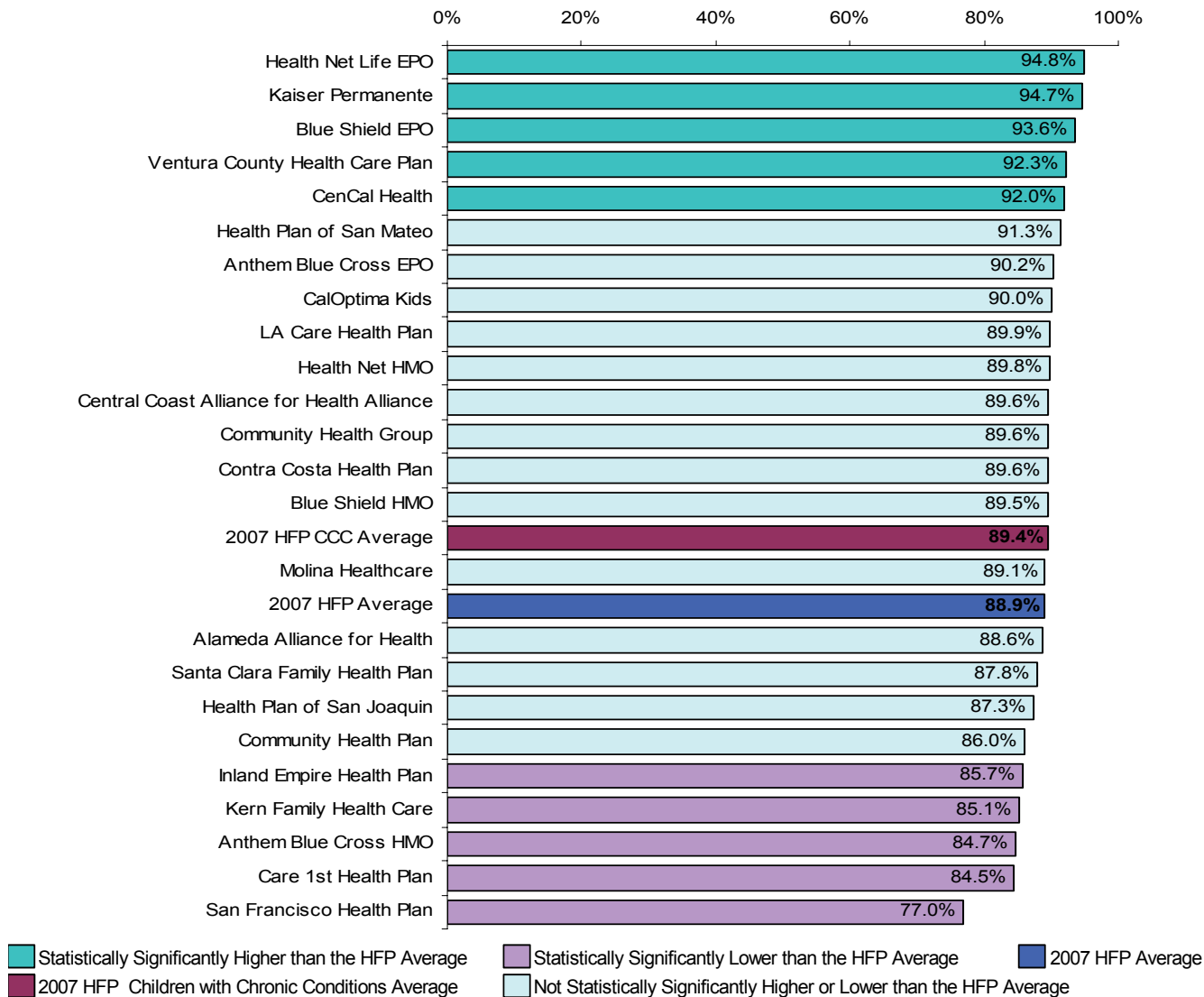
- The *Getting Care Quickly* rating remained constant in 2007 (64.9%) compared to 2006 (64.6%).
- HFP respondents reported more problems getting the care their child needed as soon as they wanted compared to respondents in national Medicaid programs (Figure 32).
- Sixty-five percent (65%) of respondents reported that they did not have a problem getting the care their child needed as soon as they wanted (Figure 33).
- Respondents whose child was identified as having a chronic condition reported fewer problems getting the care they needed as soon as they wanted compared to all HFP respondents (Figure 33).
- There was no significant differences in experience based on age groups (Figure 34).
- English, Vietnamese and Spanish speakers reported fewer problems than did Korean and Vietnamese speakers (Figure 35).
- Over three quarters of White and African American respondents reported being able to get the care their child needed quickly compared to slightly more than half of Asian respondents (Figure 36).

# CAHPS: How Well Doctors Communicate

## How Well Doctors Communicate

The *How Well Doctors Communicate* composite measures the experiences of members when communicating with their child's doctor or other healthcare provider. The scores below indicate the percentage of respondents who answered "usually" or "always" to questions related to how well they understood their child's doctor and how well the doctor treated them. The *2007 HFP Average* is the average rating of all respondents. The *2007 HFP CCC Average* is the average rating only for those whose child had a chronic condition.

**Figure 37. Individual Plan Results for the Rating of *How Well Doctors Communicate***



## Health Plan Comparison:

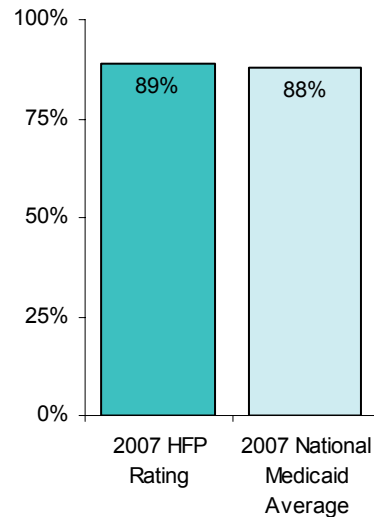
Five plans received ratings that were statistically significantly higher ( $p < .05$ ) than the program average. They are:

- Health Net Life EPO
- Kaiser Permanente
- Blue Shield EPO
- Ventura County Health Plan
- CenCal Health

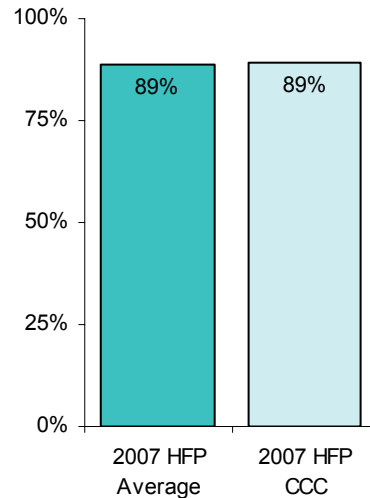
Five plans received ratings that were statistically significantly below ( $p < .05$ ) the program average:

- Inland Empire Health Plan
- Kern Family Health Care
- Anthem Blue Cross HMO
- Care 1st Health Plan
- San Francisco Health Plan

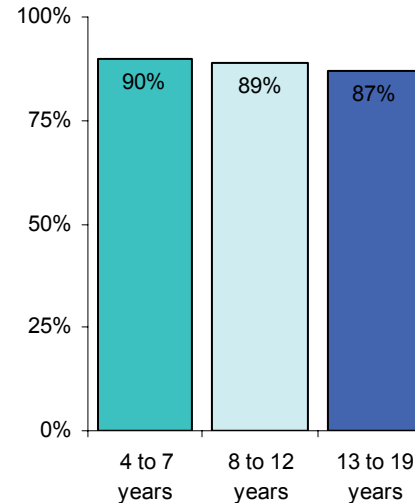
**Figure 38. Comparison to National Medicaid Average**



**Figure 39. Comparison to Responses of Children with Chronic Conditions**

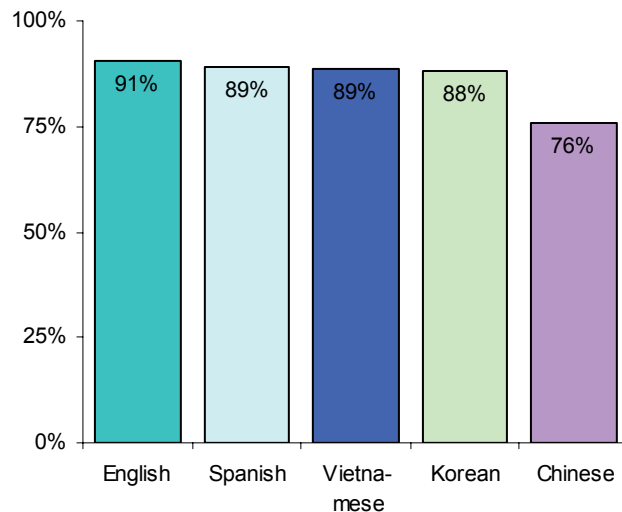


**Figure 40. Rating of How Well Doctors Communicate by Member Age**

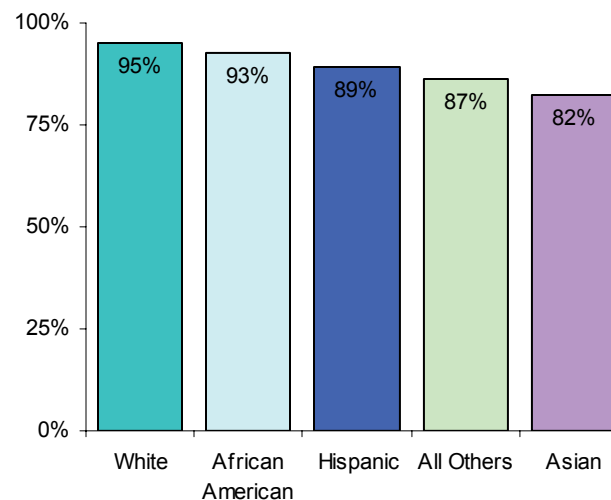


Source: 2007 CAHPS® Health Plan Survey Chartbook

**Figure 41. Rating of How Well Doctors Communicate by Member Language**



**Figure 42. Rating of How Well Doctors Communicate by Member Ethnicity**



## Key Findings

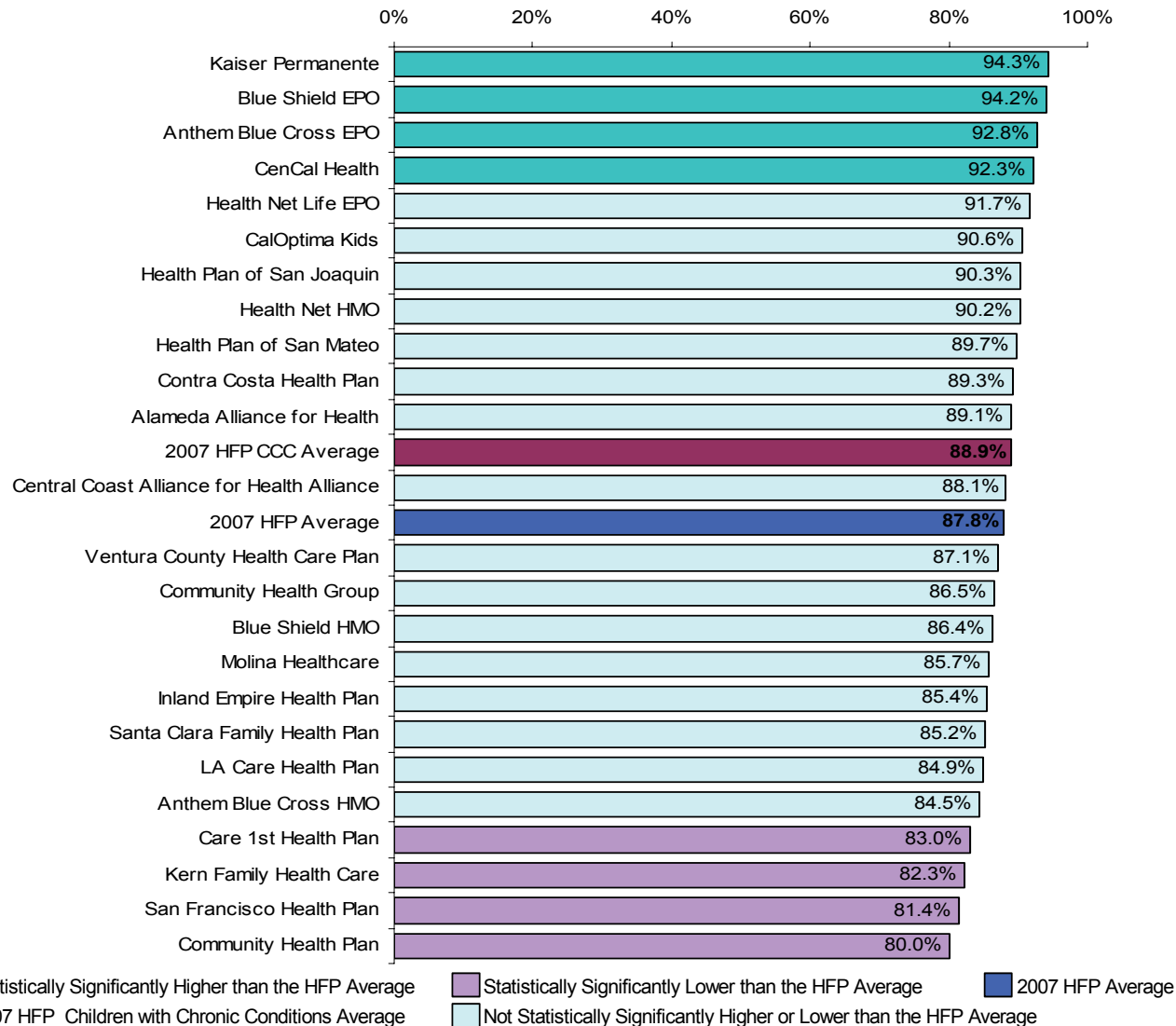
- The rating for *How Well Doctors Communicate* remained constant in 2007 (88.9%) compared to 2006 (88.8%).
- HFP respondents reported no difference communicating with their child's doctor compared to respondents in national Medicaid programs (Figure 38).
- Eighty-nine percent (89%) of respondents reported that they were able to understand their child's doctor and their doctor treated them well (Figure 39).
- There was no difference in the rating reported by respondents whose child was identified as having a chronic condition compared to all HFP respondents (Figure 39).
- There was no significant difference in experience based on the child's age (Figure 40).
- While Asian respondents overall reported a higher rate of problems understanding their child's doctor, Vietnamese and Korean speakers reported nearly the same rating as English and Spanish speakers (Figures 41 and 42).
- More than nine out of ten White and African American respondents reported being able to understand their child's doctor compared to eight out of ten Asian respondents (Figure 42).

# CAHPS: Courteous and Helpful Office Staff

## Courteous and Helpful Office Staff

The *Courteous and Helpful Office Staff* composite measures the experiences of members with the office staff at their child's doctor's office. The scores below indicate the percentage of respondents who answered "usually" or "always" to questions related to the helpfulness of the office staff at their child's doctor's office. The 2007 HFP Average is the average rating of all respondents. The 2007 HFP CCC Average is the average rating only for those whose child had a chronic condition.

**Figure 43. Individual Plan Results for the Rating of *Courteous and Helpful Office Staff***



## Health Plan Comparison:

Four plans received ratings that were statistically significantly higher ( $p < .05$ ) than the program average:

- Kaiser Permanente
- Blue Shield EPO
- Anthem Blue Cross EPO
- CenCal Health

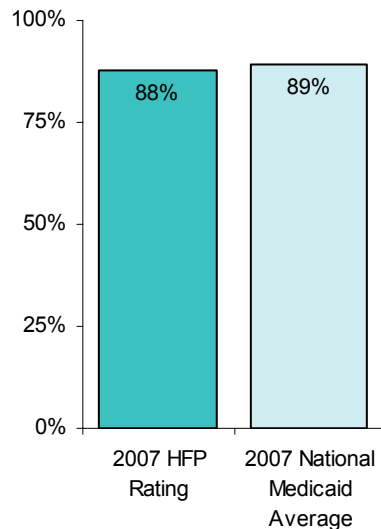
Four plans received ratings that were statistically significantly below ( $p < .05$ ) the program average:

- Care 1st Health Plan
- Kern Family Health Care
- San Francisco Health Plan
- Community Health Plan

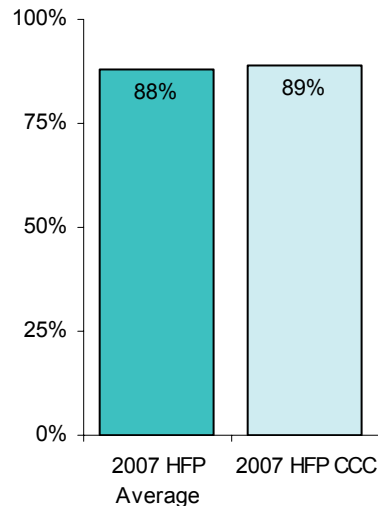
CalOptima Kids showed an improvement of 8% from 2006 to 2007.



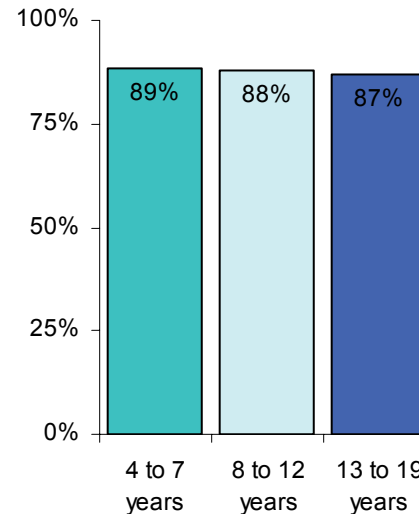
**Figure 44. Comparison to National Medicaid Average**



**Figure 45. Comparison to Responses of Children with Chronic Conditions**

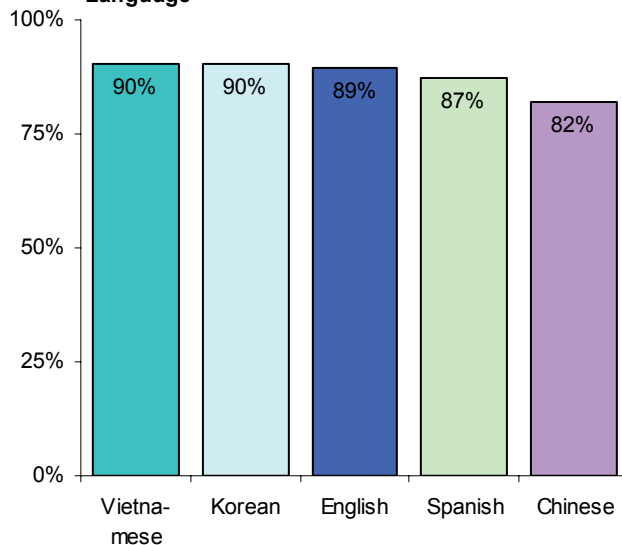


**Figure 46. Rating of Office Staff by Member Age**

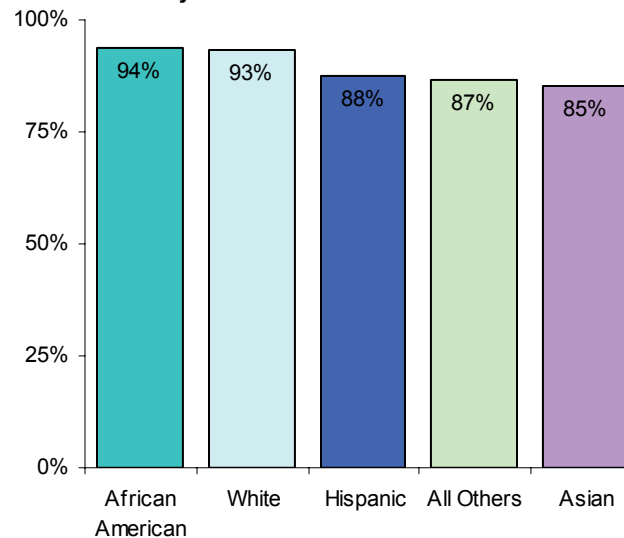


Source: 2007 CAHPS® Health Plan Survey Chartbook

**Figure 47. Rating of Office Staff by Member Language**



**Figure 48. Rating of Office Staff by Member Ethnicity**



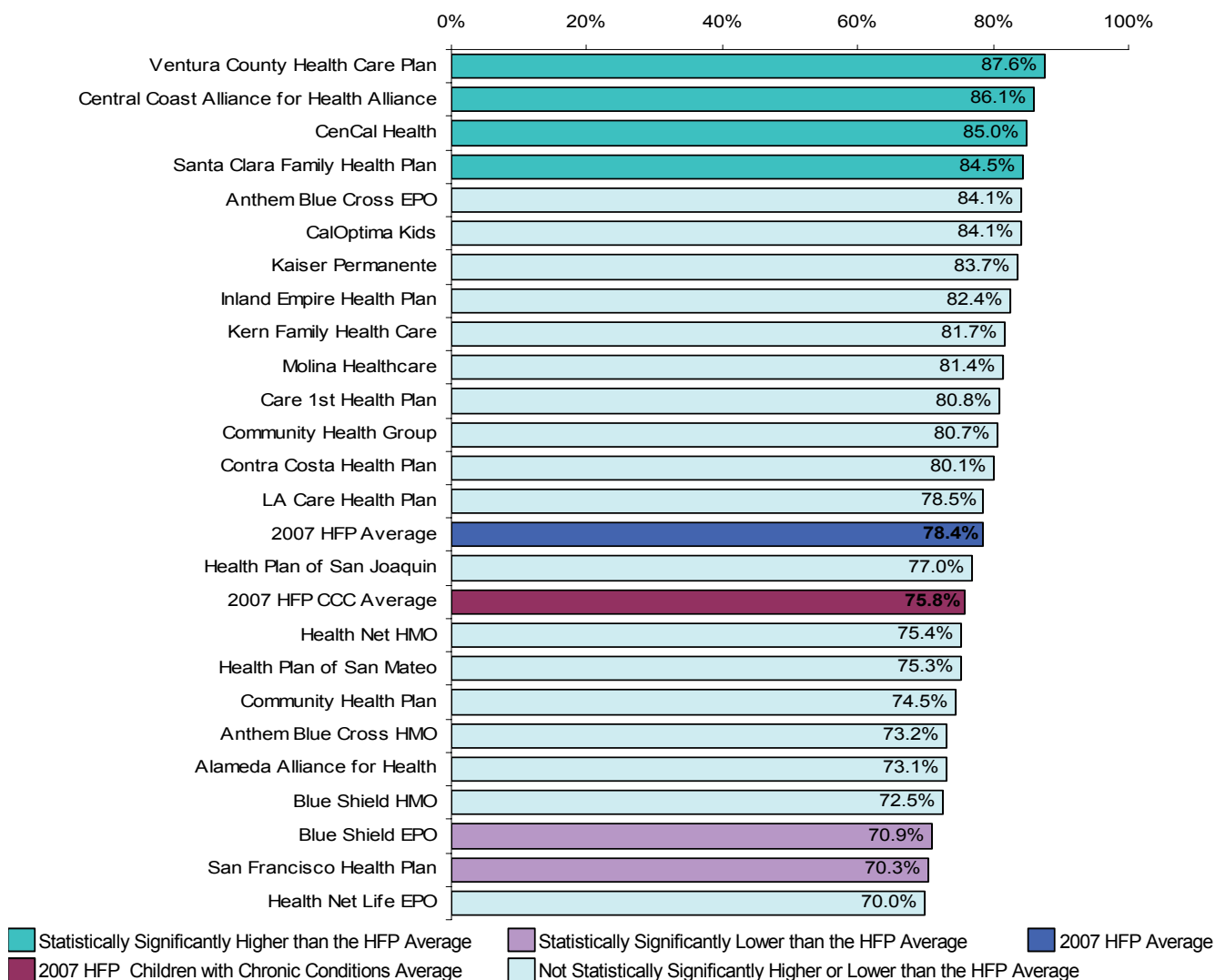
## Key Findings

- The rating of *Courteous and Helpful Office Staff* remained constant in 2007 (87.8%) compared to 2006 (88%).
- HFP respondents reported no difference in levels of satisfaction with the doctor's office staff compared to respondents in national Medicaid programs (Figure 44).
- Eighty-eight percent (88%) of respondents reported that the office staff were helpful (Figure 45).
- There was no significant difference from respondents whose child was identified as having a chronic condition compared to all HFP respondents (Figure 45).
- There was very little difference in satisfaction by age group (Figure 46).
- While Asian respondents reported the lowest levels of satisfaction overall with the office staff, Vietnamese and Korean speakers reported the highest levels of satisfaction (Figures 47 and 48).
- More than nine out of ten African American and White respondents reported being satisfied with the help they received at their child's doctor's office (Figure 48).

## Rating of Health Plan Customer Service

The *Customer Service* composite measures the experiences of members with the written materials and customer service they received from their child's health plan. The scores below indicate the percentage of respondents who answered "not a problem" to questions related to the helpfulness of the customer service staff and respondents' ability to understand the written materials from the health plan. The *2007 HFP Average* is the average rating of all respondents. The *2007 HFP CCC Average* is the average rating only for those whose child had a chronic condition.

Figure 49. Individual Plan Results for the Rating of Customer Service



## Health Plan Comparison:

Four plans received ratings that were statistically significantly higher ( $p < .05$ ) than the program average:

- Ventura County Health Care Plan
- Central Coast Alliance for Health
- CenCal Health
- Santa Clara Family Health Plan

Two plans received ratings that were statistically significantly below ( $p < .05$ ) the program average:

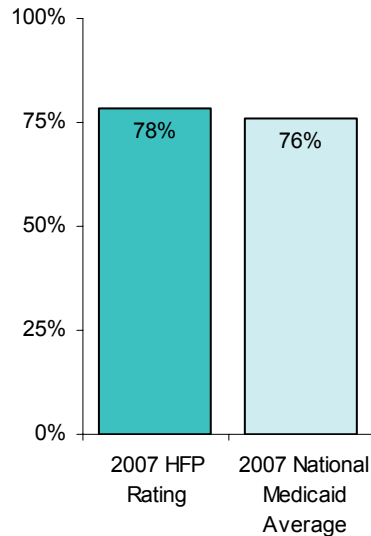
- Blue Shield EPO
- San Francisco Health Plan

Three plans showed an improvement of 5% or more from 2006 to 2007:

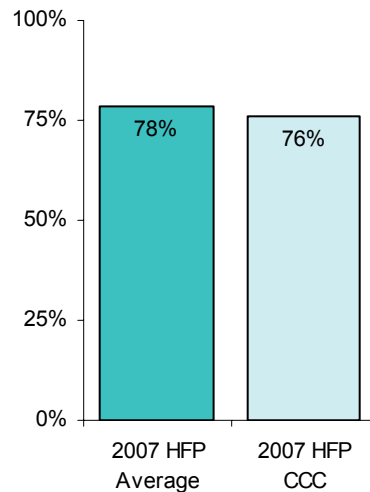
- Health Net Life EPO
- CalOptima Kids
- Molina Healthcare

Note: While Health Net Life EPO's score was below the 2007 HFP average, due to an overall smaller sample size than other plans, it was not considered statistically significantly below the program average.

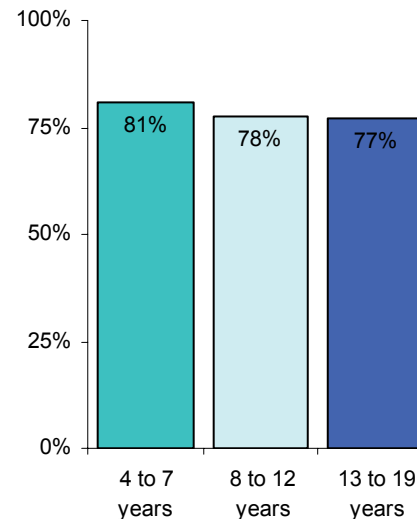
**Figure 50. Comparison to National Medicaid Average**



**Figure 51. Comparison to Responses of Children with Chronic Conditions**

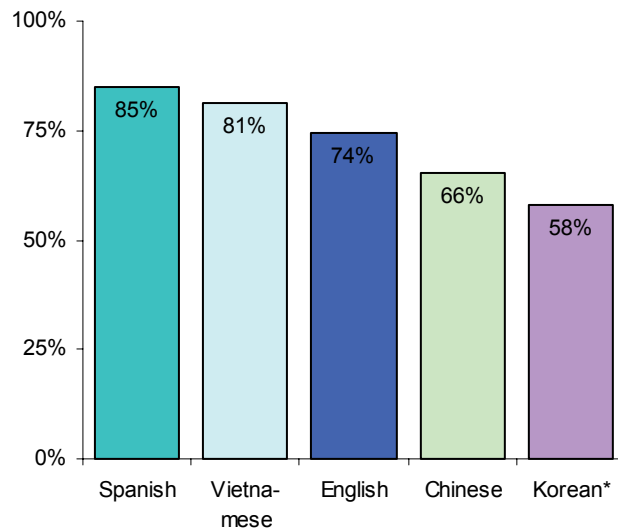


**Figure 52. Rating of Customer Service by Member Age**

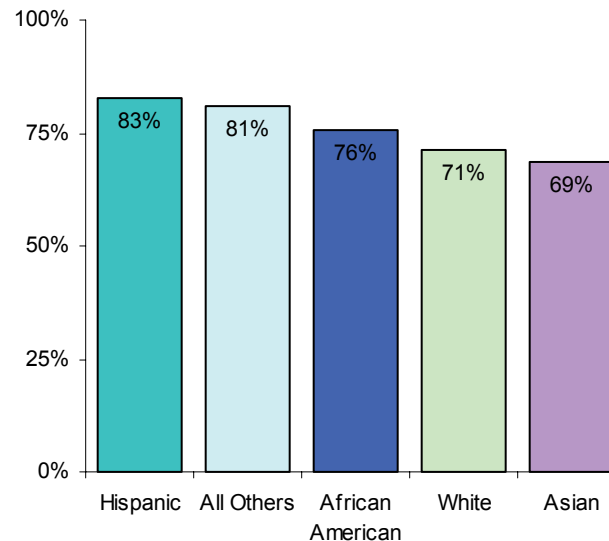


Source: 2007 CAHPS® Health Plan Survey Chartbook

**Figure 53. Rating of Customer Service by Member Language**



**Figure 54. Rating of Customer Service by Member Ethnicity**



\* Score based on less than 30 observations and should be viewed with caution.

## Key Findings

- The rating for customer service remained constant in 2007 (78.4%) compared to 2006 (77.7%).
- HFP respondents reported the same level of satisfaction with the customer service staff at their child's health plan compared to respondents in national Medicaid programs (Figure 50).
- Seventy-eight percent (78%) of respondents reported that the customer service staff at their child's health plan was helpful (Figure 51).
- As children got older, customer satisfaction decreased slightly (Figure 52).
- While Asian respondents reported the lowest levels of satisfaction overall with the help they received from customer service staff, Vietnamese speakers reported significantly higher levels of satisfaction compared to Chinese and Korean speakers (Figures 53 and 54 ).
- More than eight out of ten Hispanic respondents reported being satisfied with the help they received from customer service staff compared to seven out of ten Asian respondents (Figure 54).

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# CAHPS: Children with Chronic Conditions Questions

The CAHPS Children with Chronic Conditions (CCC) measurement set consists of questions that are intended to identify children with chronic conditions and to assess their experience getting needed health care services. Children with chronic conditions are identified based on their response to a five-item screening tool, which identifies children who are currently experiencing consequences of a medical, behavioral or other health condition that is expected to last at least 12 months.

The CCC measurement set contains 31 questions that measure the experience of these children. Their responses are grouped into the following composite ratings:

- *Access to prescription medications*
- *Access to specialized services*
- *Family centered care: having a personal doctor or nurse who knows the child*
- *Family centered care: shared decision making*
- *Family centered care: getting needed information*
- *Coordination of Care*

The CAHPS CCC screening tool is based on the U.S. Department of Health and Human Services Maternal and Child Health Bureau (MCHB) definition of a child with a special health care need or chronic condition:

*“Children with special health care needs are those who have a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that generally required by children.”<sup>3</sup>*

The number of children with chronic conditions represents a small portion of the general child population. One of the challenges of administering the CAHPS CCC questionnaire is that it is difficult to identify and survey only those families who have a child with a chronic condition. MRMIB, in consultation with DataStat, made the decision to administer the CCC questionnaire to all respondents. This allowed MRMIB to identify the percentage of children with a chronic condition in the program. It also allowed for a comparison of the experiences of the children with chronic conditions to the general population across the CAHPS global and composite ratings and across the CCC composites listed above.

Of the 10,420 CAHPS survey respondents, only 1,090 (or 10.5%) were identified as having a child with a chronic condition. As a result, there

were fewer than 70 responses per plan and several plans with less than 30 responses. Having less than 30 responses does not allow for a statistically reliable analysis of the ratings only for those children with chronic conditions. The number of children with chronic conditions by health plan is presented in Appendix G.

The charts and analysis presented on the following pages are not exclusive to the CCC population, but reflect responses from all survey respondents. The “2007 HFP Average” is the average response of all respondents, including those with a chronic condition. The “2007 CCC Average” is the average response only for children with a chronic condition.

Children with chronic conditions actually reported a more positive experience than the general population in the following three CCC ratings:

- *Doctor or Nurse Who Knows Child*
- *Shared Decision Making*
- *Coordination of Care*

In particular, they reported a considerably higher rate (72%) of having a doctor or nurse who talked to them about the impact of their child’s condition on other aspects of their life compared to the general HFP population (58%).

One notable area is the small percentage (9.5%) of children with chronic conditions who indicated they either tried to or are receiving services through California Children’s Services (CCS). CCS is a statewide program that provides medical services, equipment and rehabilitation services for certain complex health conditions such as cancer, blood disorders, heart conditions and birth defects. A child with one of these conditions should be referred by their health plan for an assessment to determine if the child has a CCS condition. If a child has a CCS condition, care for that condition is provided through the CCS program rather than through the HFP health plan.

Further research may help to determine if the low number of children with chronic conditions receiving care through CCS is caused by lack of knowledge about the CCS program on the part of members or providers, difficulty getting a referral to CCS, an unwillingness of the family to receive services through CCS, or other explanations. A list of the CCS conditions reported by families who have a child with a chronic condition is contained in Appendix H.

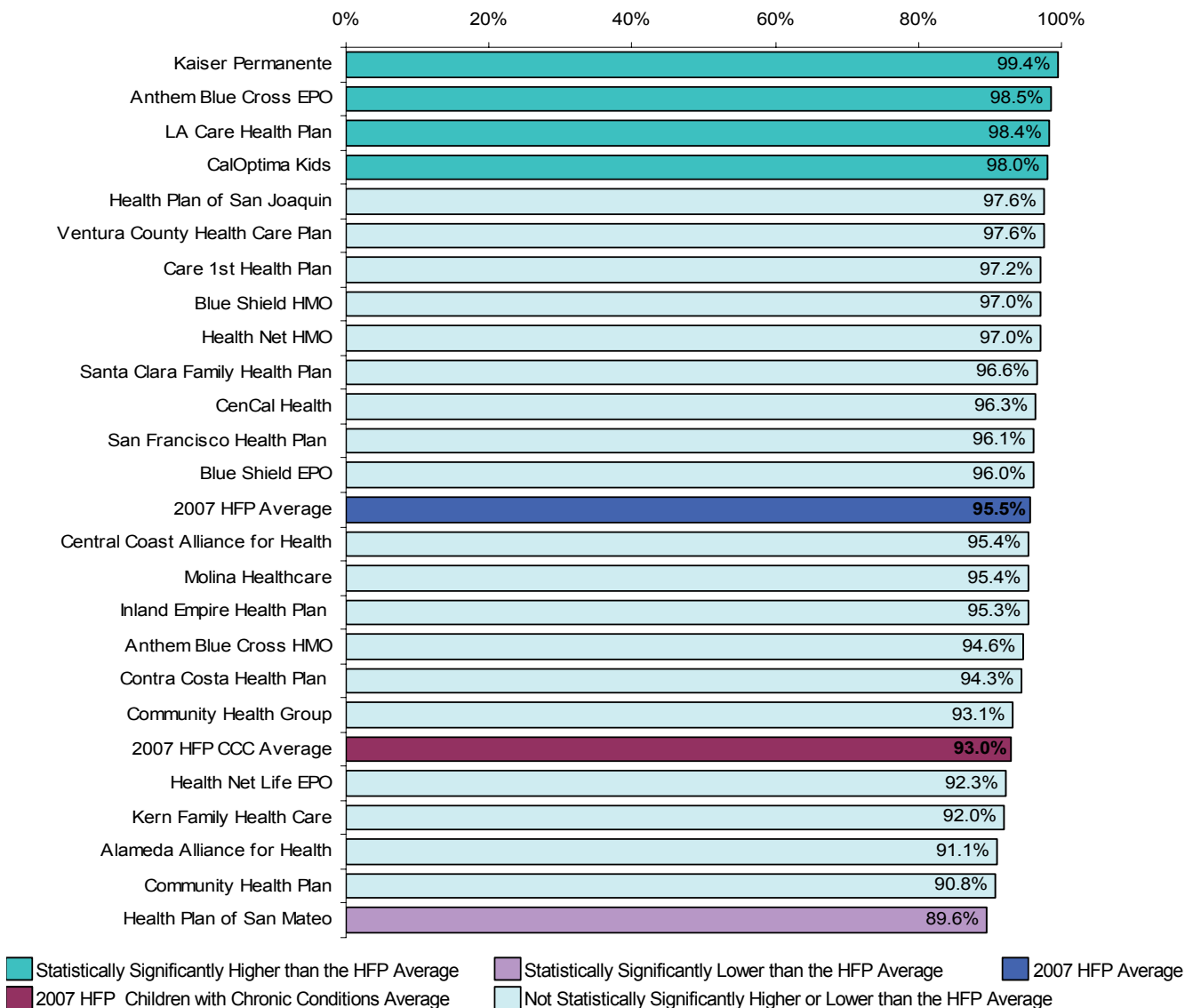
<sup>3</sup> Source: U.S. Department of Health and Human Services, Maternal and Child Health Bureau. *The National Survey of Children with Special Health Care Needs Chartbook 2005–2006.*

# CAHPS: Access to Prescription Medications

## Access to Prescription Medications

The scores below indicate the percentage of respondents who answered “not a problem” or “had a problem and was helped” to questions related to getting a prescription medication for their child. The *2007 HFP Average* is the average rating of all respondents. The *2007 HFP CCC Average* is the average rating only for those whose child had a chronic condition.

**Figure 55. Individual Plan Results for Rating of Access to Prescription Medications**



## Health Plan Comparison:

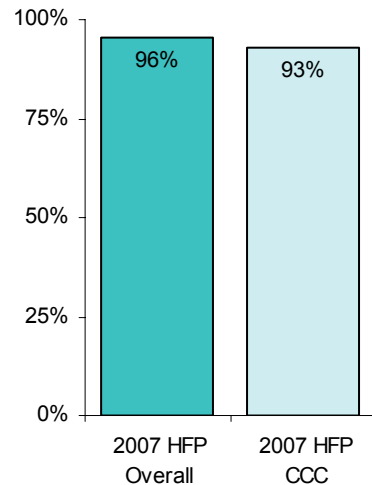
Four plans received ratings that were statistically significantly higher ( $p < .05$ ) than the program average for all respondents. They are:

- Kaiser Permanente
- Anthem Blue Cross EPO
- L.A. Care Health Plan
- CalOptima Kids

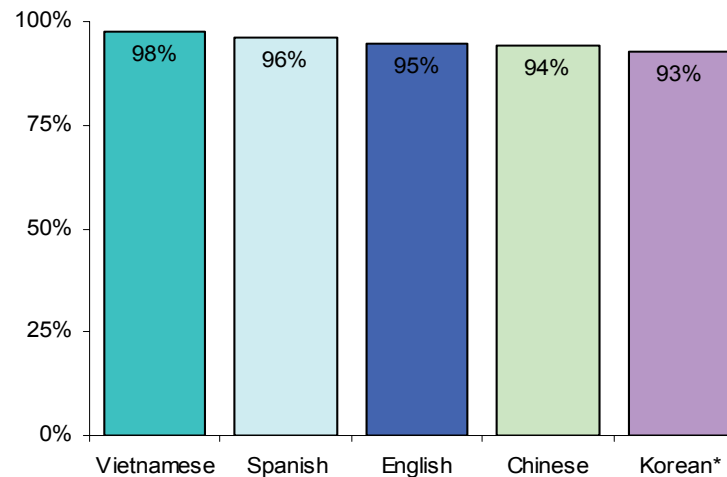
Health Plan of San Mateo received a rating that was statistically significantly below ( $p < .05$ ) the program average for all respondents.



**Figure 56. Comparison to Responses of Children with Chronic Conditions**

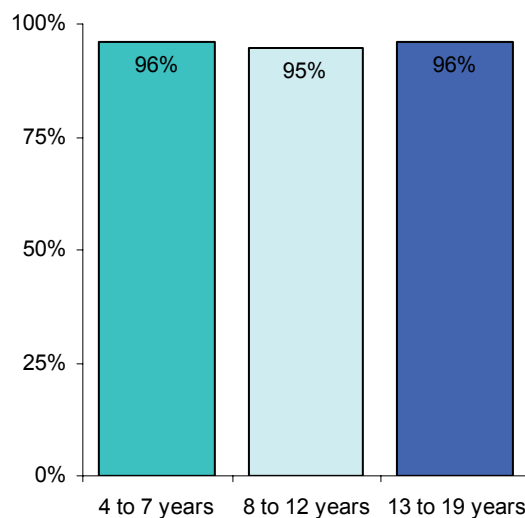


**Figure 57. Access to Prescription Medication by Member Language**

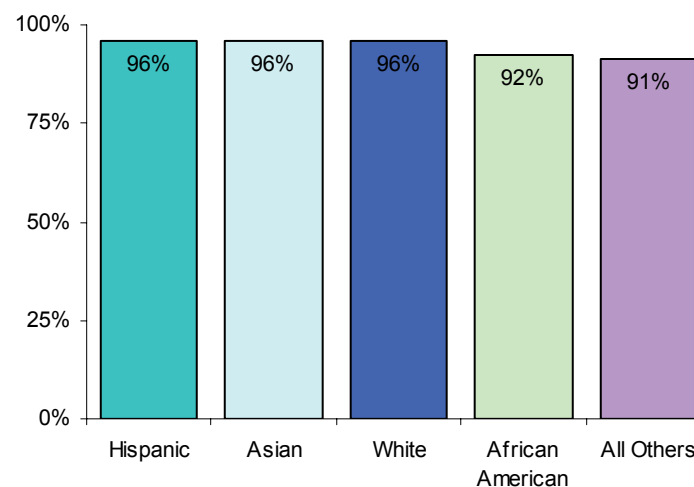


\* Score based on less than 30 observations and should be viewed with caution.

**Figure 58. Access to Prescription Medication by Member Age**



**Figure 59. Access to Prescription Medication by Member Ethnicity**



## Key Findings

- Nearly 95.5% of survey respondents indicated that they did not have a problem or only had a small problem getting their child's prescription medication compared to 93% of respondents whose child was identified as having a chronic condition (Figure 56).
- There was less than a 5% difference in ratings for this measure among the different age, language and ethnic groups (Figures 57, 58 and 59).

## Other Notable Findings:

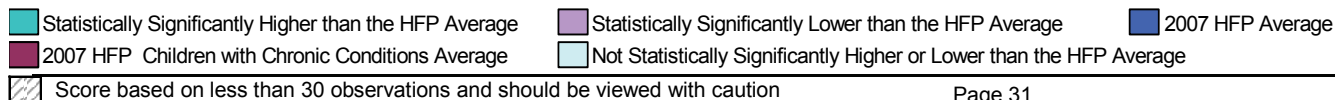
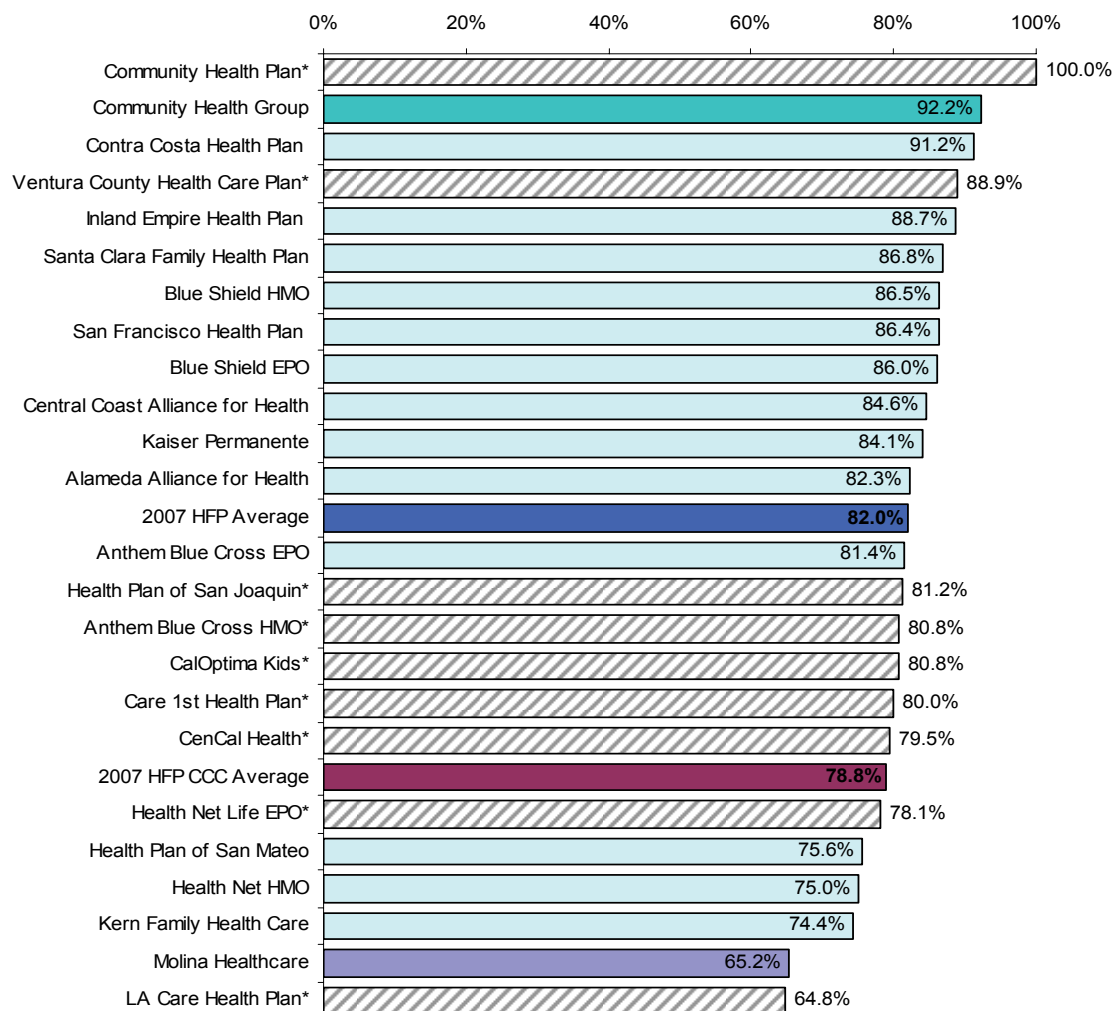
- Seventy-one percent (71%) of children with chronic conditions needed a prescription for medication in the last 6 months compared to 36% of all respondents.

# CAHPS: Access to Specialized Services

## Access to Specialized Services

The scores below represent the percentage of respondents who answered “yes” to questions related to getting special medical equipment, physical, occupational or speech therapy or counseling for their child. The 2007 HFP Average is the average rating of all respondents. The 2007 HFP CCC Average is the average rating only for those whose child had a chronic condition.

Figure 60. Individual Plan Results for the Rating of Access to Specialized Services



## Health Plan Comparison:

Community Health Group received a rating that was statistically significantly higher ( $p < .05$ ) than the program average for all respondents.

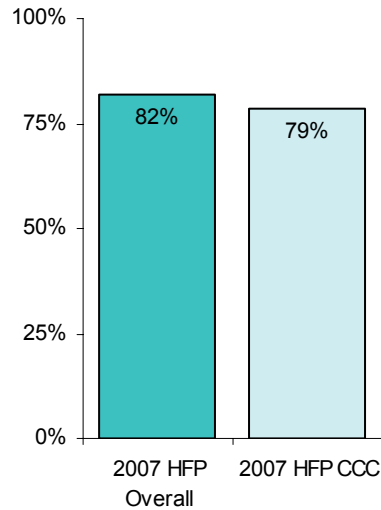
Molina Healthcare received a rating that was statistically significantly below ( $p < .05$ ) the program average for all respondents.

The following nine plans had fewer than 30 responses for this composite rating and their results should be viewed with caution.

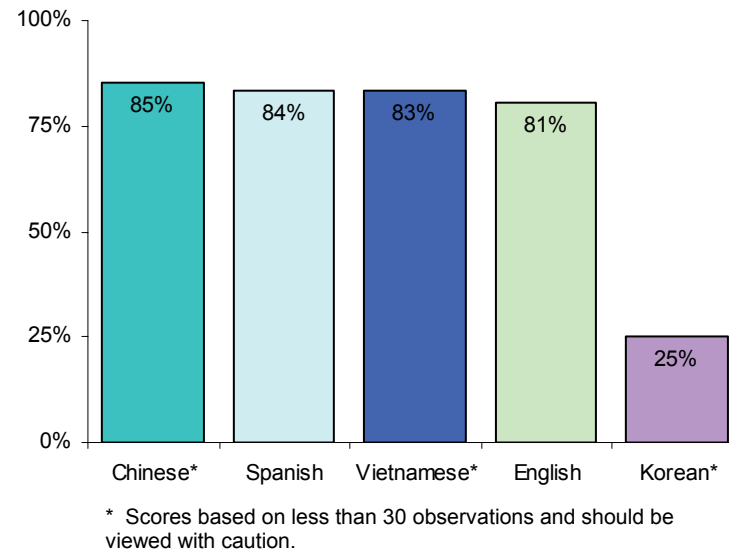
- Community Health Plan
- Ventura County Health Care Plan
- Health Plan of San Joaquin
- Anthem Blue Cross HMO
- CalOptima Kids
- Care 1st Health Plan
- CenCal Health
- Health Net Life EPO
- L.A. Care Health Plan

Note: While Community Health Plan's score was above the 2007 HFP average and L.A. Care Health Plan's score was below the 2007 HFP average, their scores were based on less than 30 observations and therefore, they were not statistically significantly above or below the program average.

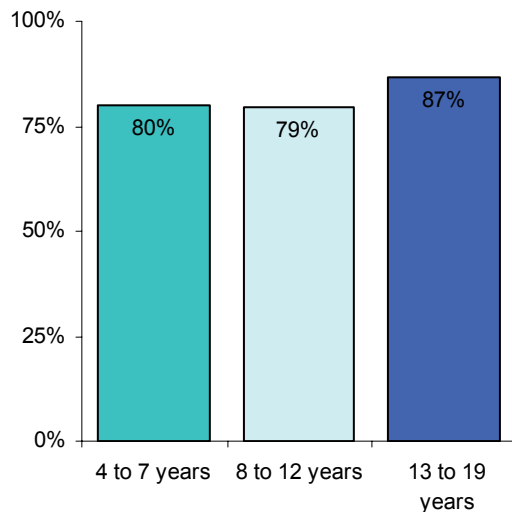
**Figure 61. Comparison to Responses of Children with Chronic Conditions**



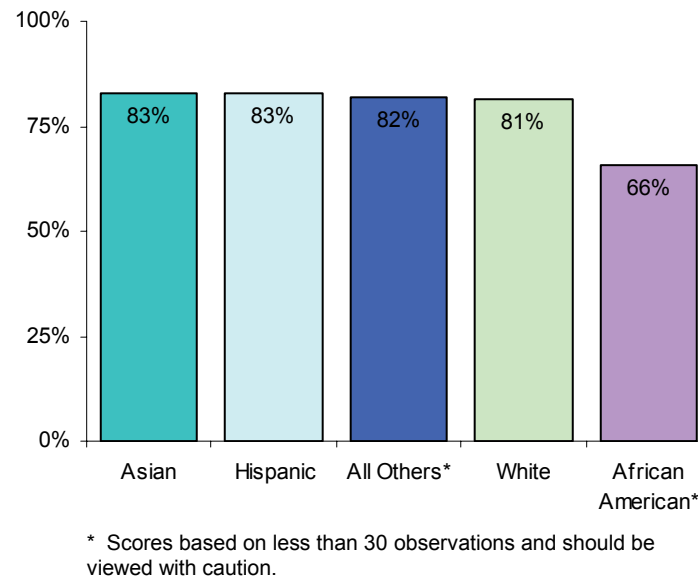
**Figure 62. Access to Specialized Services by Member Language**



**Figure 63. Access to Specialized Services by Member Age**



**Figure 64. Access to Specialized Services by Member Ethnicity**



## Key Findings

- Eighty-two percent (82%) of survey respondents indicated they did not have a problem or had a problem and received help getting specialized services for their child compared to 79% of respondents whose child was identified as having a chronic condition (Figure 61).
- There was less than a 4% difference in rating for this measure among different language and ethnic groups except where there was a small number of responses (Figures 62 and 64).
- Unlike other measures, the fewest problems were reported by those with older children, ages 13 to 19 years (Figure 63).

## Other Notable Findings:

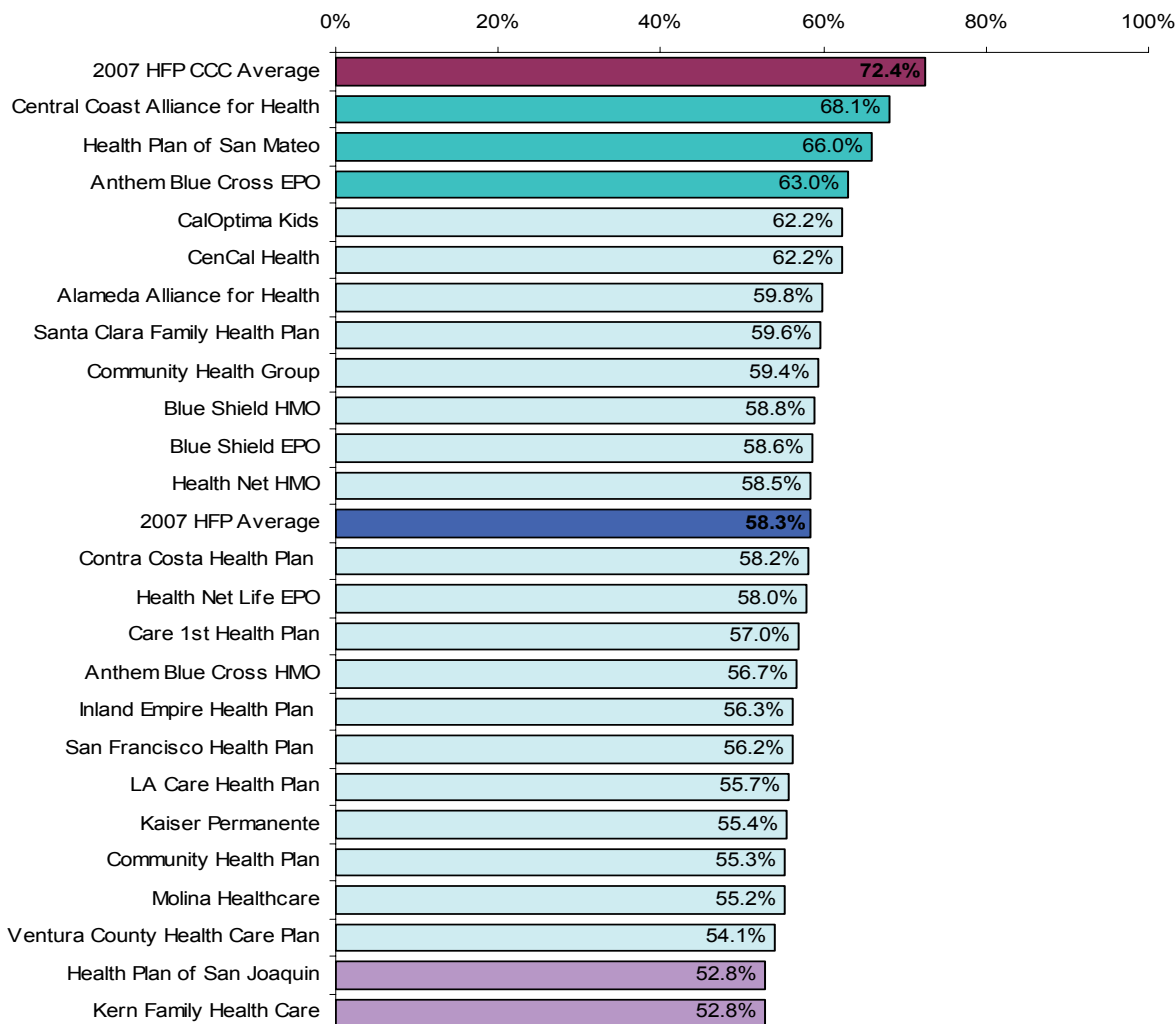
- Seven percent (7%) of children with chronic conditions needed special equipment compared to 2% of all respondents.
- Thirteen percent (13%) of children with chronic conditions needed special therapy compared to 3% of all respondents.
- Twenty-three percent (23%) of children with chronic conditions needed treatment or counseling for an emotional, developmental or behavioral problem compared to 5% of all respondents.

# CAHPS: Doctor or Nurse Who Knows Child

## Family Centered Care: Personal Doctor or Nurse Who Knows Child

The scores below indicate the percentage of respondents who reported that their child's doctor or nurse talked to them about how their child was feeling, growing or behaving, and understood how their child's health or medical condition affected the child's life. The *2007 HFP Average* is the average rating of all respondents. The *2007 HFP CCC Average* is the average rating only for those whose child had a chronic condition.

**Figure 65. Individual Plan Results for the Rating of Doctor or Nurse Who Knows Child**



■ Statistically Significantly Higher than the HFP Average    
 ■ Statistically Significantly Lower than the HFP Average    
 ■ 2007 HFP Average  
■ 2007 HFP Children with Chronic Conditions Average    
 ■ Not Statistically Significantly Higher or Lower than the HFP Average

## Health Plan Comparison:

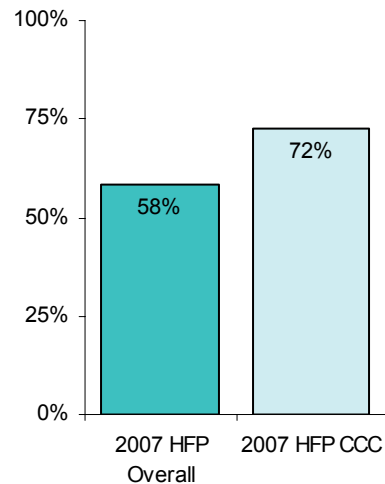
Three plans received ratings that were statistically significantly higher ( $p < .05$ ) than the program average for all respondents. They are:

- Central Coast Alliance for Health
- Health Plan of San Mateo
- Anthem Blue Cross EPO

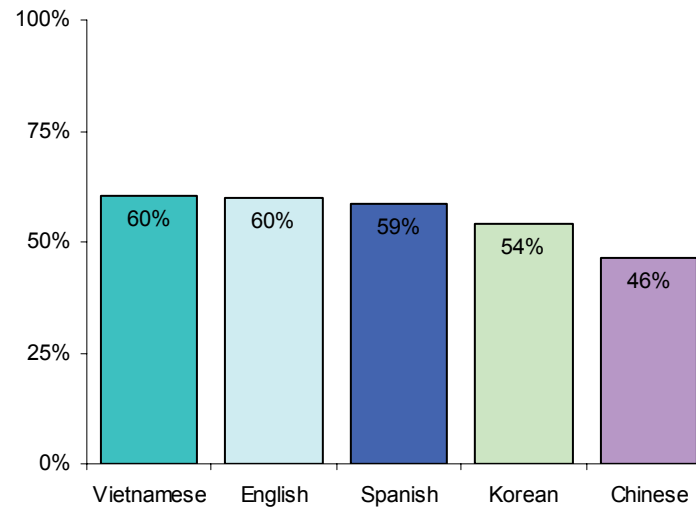
Two plans received ratings that were statistically significantly below ( $p < .05$ ) the program average for all respondents. They are:

- Health Plan of San Joaquin
- Kern Family Health Care

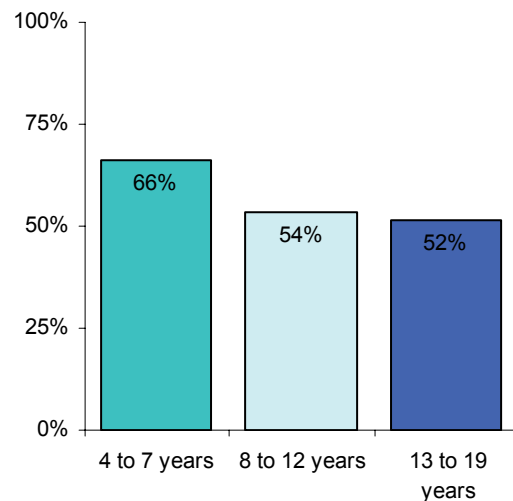
**Figure 66. Comparison to Responses of Children with Chronic Conditions**



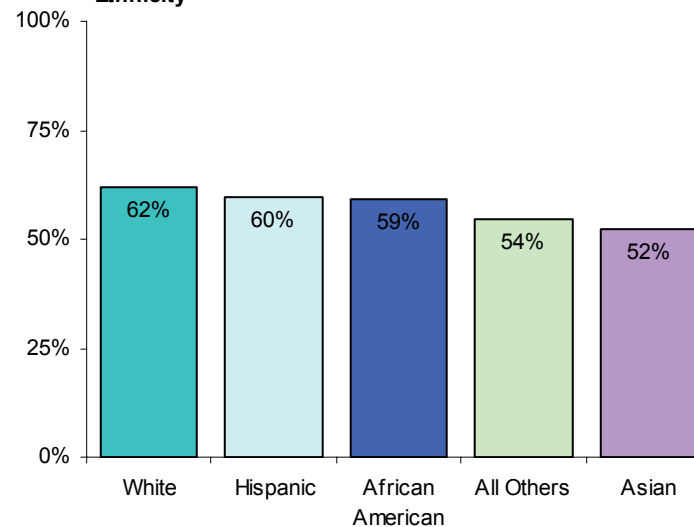
**Figure 67. Doctor Who Knows Child by member Language**



**Figure 68. Doctor Who Knows Child by Member Age**



**Figure 69. Doctor Who Knows Child by Member Ethnicity**



## Key Findings

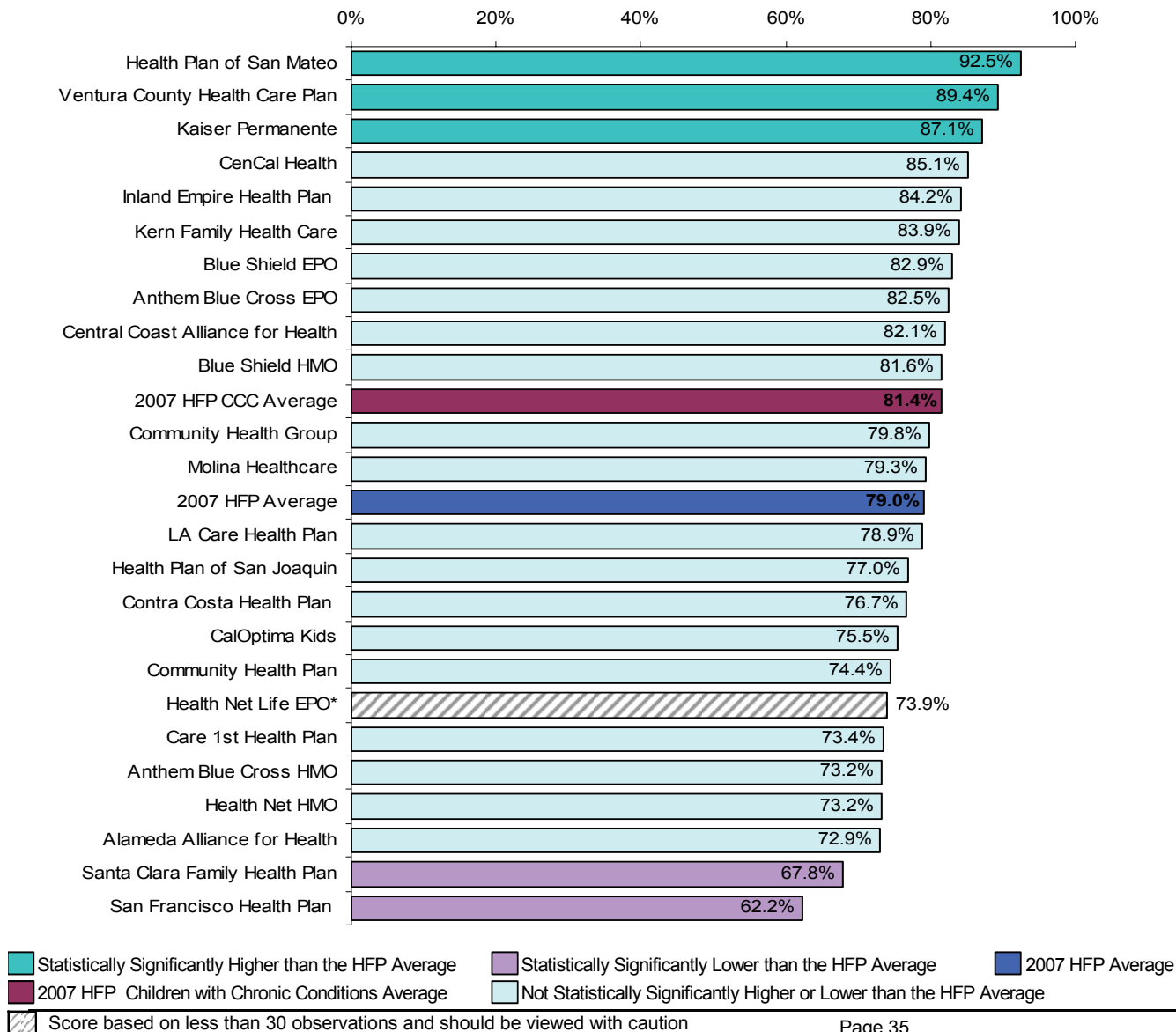
- Seventy-two percent (72%) of respondents whose child was identified as having a chronic condition reported that their child's doctor or nurse talked to them about their child's behavior and the impact of the child's health condition on their life compared to 58% of all respondents (Figure 66).
- While Asian respondents reported the lowest rating overall for this measure, Vietnamese speaking respondents reported one of the highest ratings (Figures 67 and 69).
- Respondents with younger children were more likely to report having a doctor who knows their child than respondents whose child was over the age of 8 (Figure 68).

# CAHPS: Shared Decision Making

## Family Centered Care: Shared Decision Making

The scores below indicate the percentage of respondents who answered “usually” or “always” to questions related to how often their child’s doctor gave them choices and involved them in decisions about their child’s health care. The *2007 HFP Average* is the average rating of all respondents. The *2007 HFP CCC Average* is the average rating only for those whose child had a chronic condition.

**Figure 70. Individual Plan Results for Rating of Shared Decision Making**



## Health Plan Comparison:

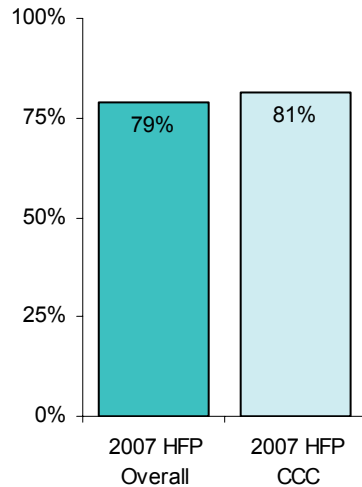
Three plans received ratings that were statistically significantly higher ( $p < .05$ ) than the program average for all respondents:

- Health Plan of San Mateo
- Ventura County Health Care Plan
- Kaiser Permanente

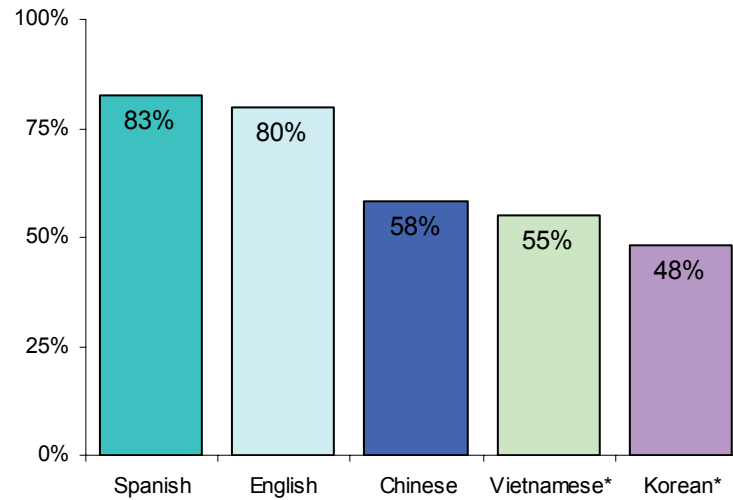
Two plans received ratings that were statistically significantly below ( $p < .05$ ) the program average for all respondents:

- Santa Clara Family Health Plan
- San Francisco Health Plan

**Figure 71. Comparison to Responses of Children with Chronic Conditions**

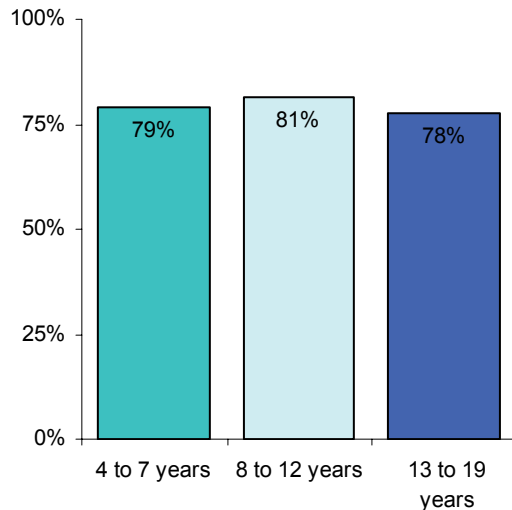


**Figure 72. Shared Decision Making by Member Language**

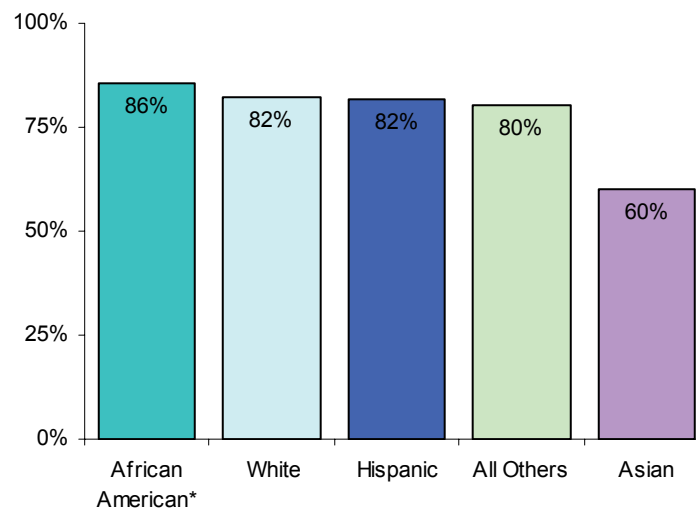


\* Scores based on less than 30 observations and should be viewed with caution.

**Figure 73. Shared Decision Making by Member Age**



**Figure 74. Shared Decision Making by Member Ethnicity**



\* Score based on less than 30 observations and should be viewed with caution.

## Key Findings:

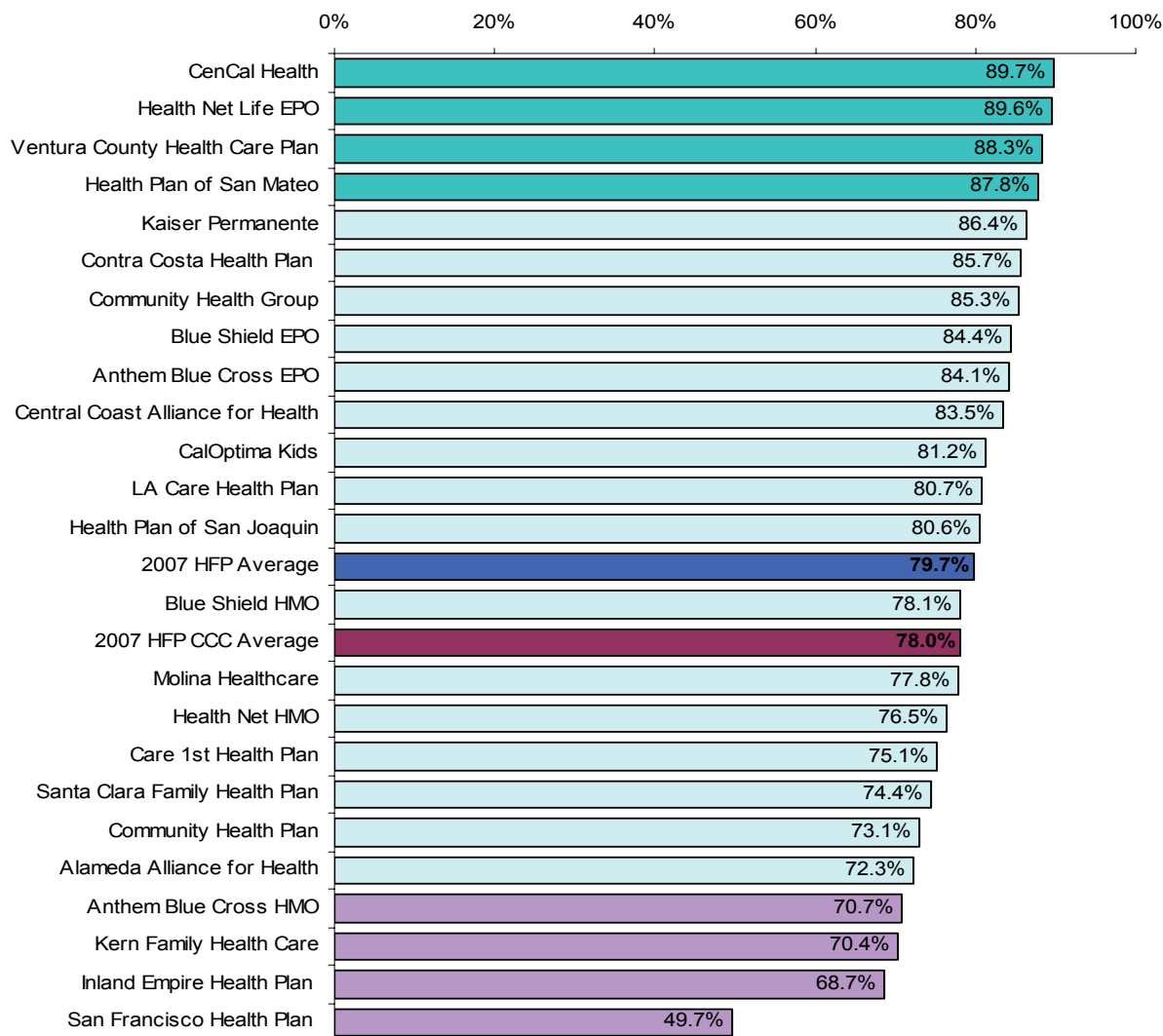
- Eighty-one percent (81%) of respondents whose child was identified as having a chronic condition reported that their child's doctor gave them choices and involved them in decisions about their child's health care compared to 79% of all respondents (Figure 71).
- Spanish and English speakers reported significantly higher rates of shared decision making than did Asian language speakers (Figure 72).
- There were no significant differences in experience by age group (Figure 73).
- Eight out of ten White and Hispanic respondents reported being involved in decisions about their child's health care compared to six out of ten Asian respondents (Figure 74).

# CAHPS: Getting Needed Information

## Family Centered Care: Getting Needed Information

The scores below indicate the percentage of respondents who answered “usually” or “always” to questions related to how often their child’s doctor gave them the information they needed and answered their questions. The 2007 HFP Average is the average rating of all respondents. The 2007 HFP CCC Average is the average rating only for those whose child had a chronic condition.

**Figure 75. Individual Plan Results for the Rating of Getting Needed Information**



■ Statistically Significantly Higher than the HFP Average    
 ■ Statistically Significantly Lower than the HFP Average    
 ■ 2007 HFP Average  
■ 2007 HFP Children with Chronic Conditions Average    
■ Not Statistically Significantly Higher or Lower than the HFP Average

## Health Plan Comparison:

Four plans received ratings that were statistically significantly higher ( $p < .05$ ) than the program average for all respondents:

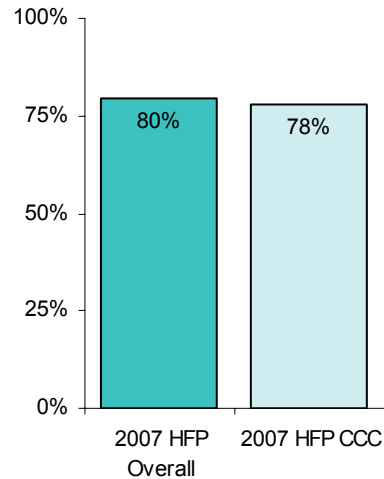
- CenCal Health
- Health Net Life EPO
- Ventura County Health Care Plan
- Health Plan of San Mateo

Four plans received ratings that were statistically significantly below ( $p < .05$ ) the program average for all respondents:

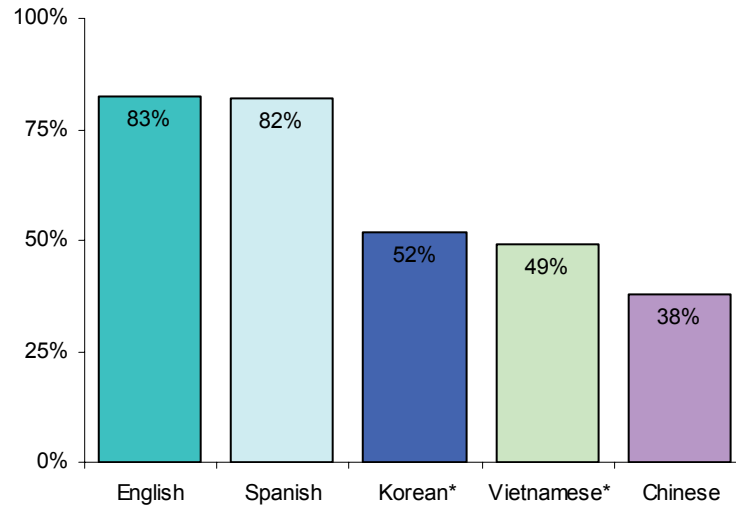
- Anthem Blue Cross HMO
- Kern Family Health Care
- Inland Empire Health Plan
- San Francisco Health Plan



**Figure 76. Comparison to Responses of Children with Chronic Conditions**

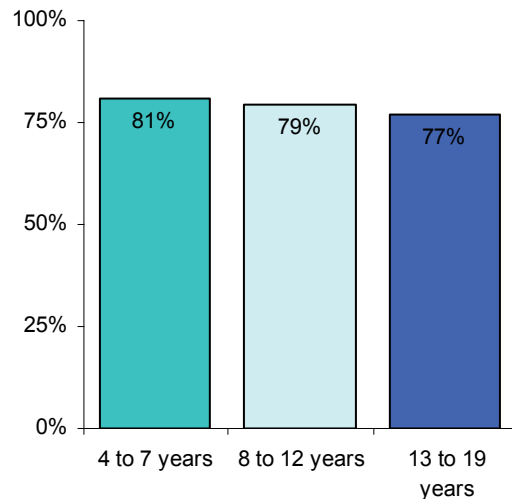


**Figure 77. Getting Needed Information by Member Language**

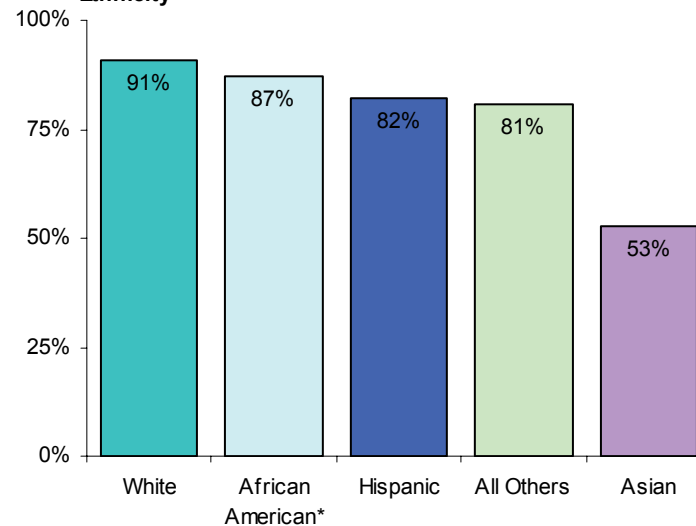


\* Scores based on less than 30 observations and should be viewed with caution.

**Figure 78. Getting Needed Information by Member Age**



**Figure 79. Getting Needed Information by Member Ethnicity**



\* Score based on less than 30 observations and should be viewed with caution.

## Key Findings:

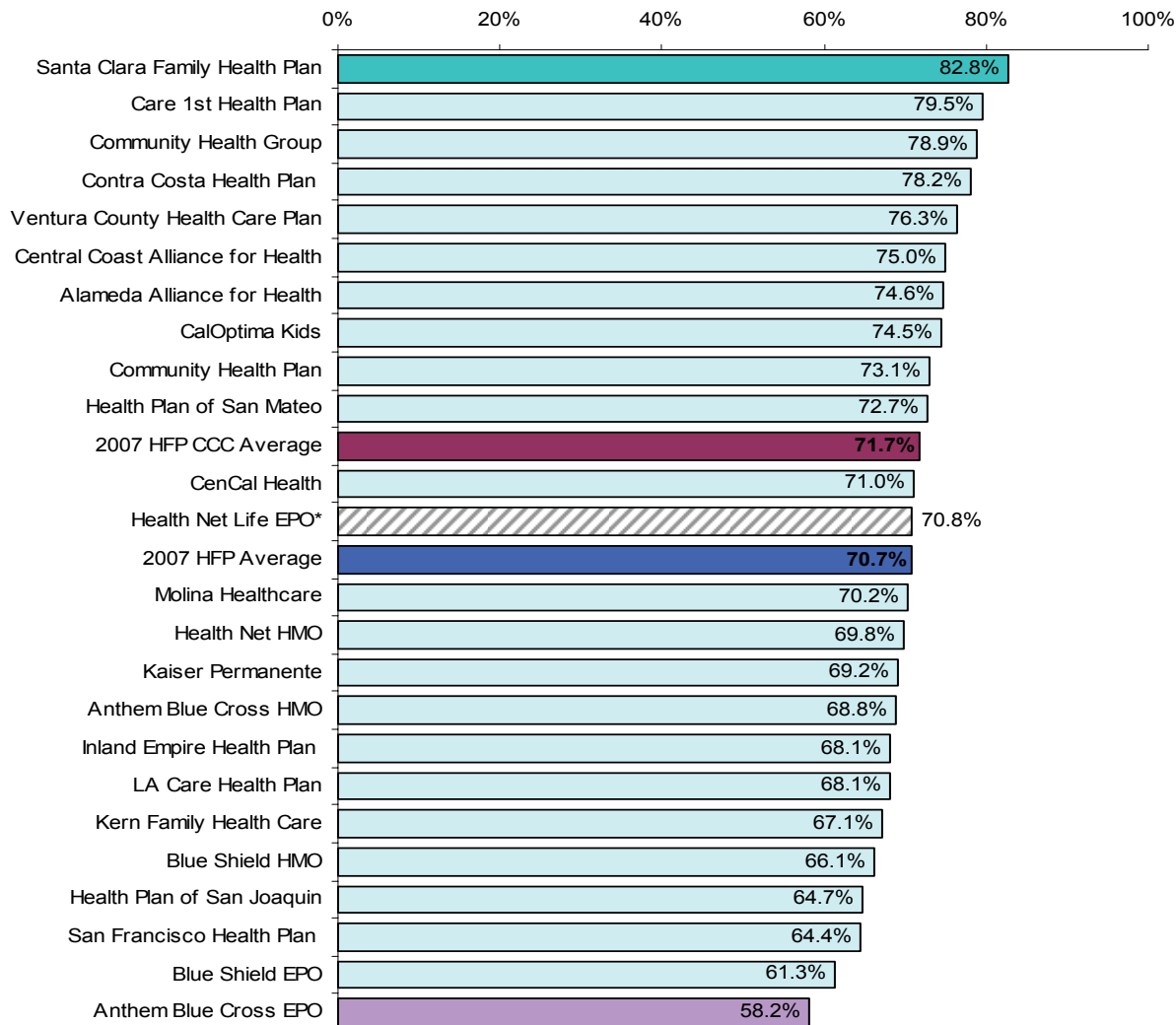
- Eighty percent (80%) of respondents indicated their child's doctor gave them the information they needed and answered their questions compared to 78% of respondents whose child was identified as having a chronic condition (Figure 76).
- More than eight out of ten English and Spanish speaking respondents reported getting the information they needed compared to less than 4 out of 10 Chinese speakers (Figure 77).
- There were no significant differences in experience by age group (Figure 78).
- Asian respondents reported getting the information they needed at about half the rate of White respondents and significantly less than Hispanics and "All Other" ethnic groups (Figure 79).

# CAHPS: Coordination of Care

## Coordination of Care

The scores below indicate the percentage of respondents who received help from their child's doctor in contacting their child's school or daycare and coordinating care among different providers. The *2007 HFP Average* is the average rating of all respondents. The *2007 HFP CCC Average* is the average rating only for those whose child had a chronic condition.

**Figure 80. Individual Plan Results for the Rating of Coordination of Care**



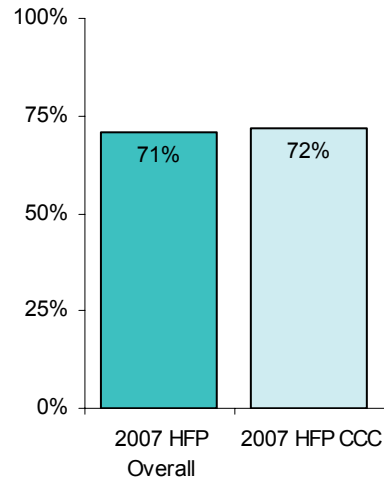
■ Statistically Significantly Higher than the HFP Average    
 ■ Statistically Significantly Lower than the HFP Average    
 ■ 2007 HFP Average  
■ 2007 HFP Children with Chronic Conditions Average    
 ■ Not Statistically Significantly Higher or Lower than the HFP Average  
▨ Score based on less than 30 observations and should be viewed with caution

## Health Plan Comparison:

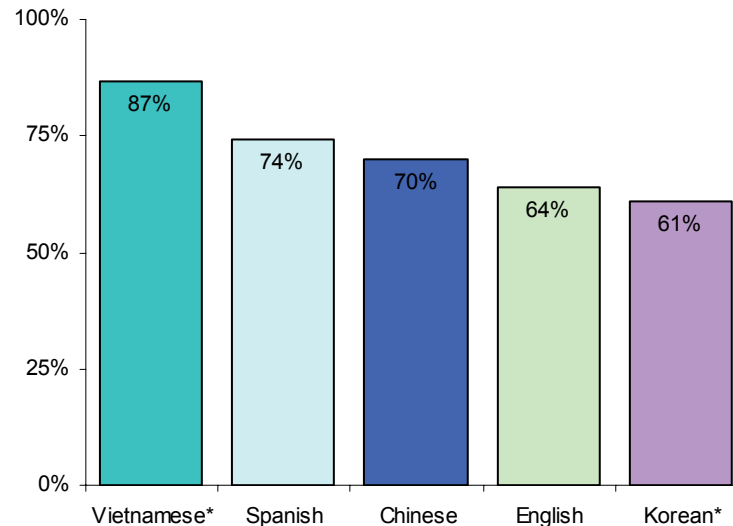
Santa Clara Family Health Plan received a rating that was statistically significantly higher ( $p < .05$ ) than the program average for all respondents

Anthem Blue Cross EPO received a rating that was statistically significantly below ( $p < .05$ ) the program average for all respondents.

**Figure 81. Comparison to Responses of Children with Chronic Conditions**

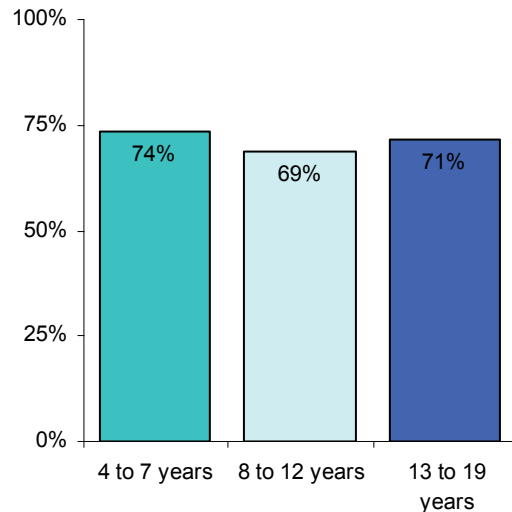


**Figure 82. Coordination of Care by Member Language**

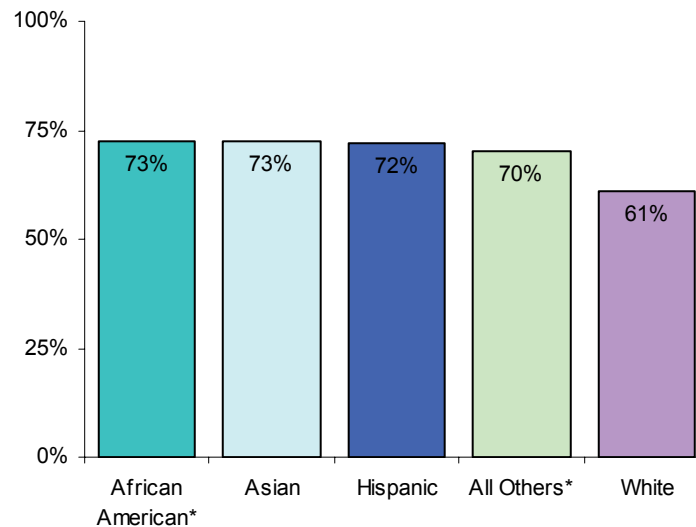


\* Scores based on less than 30 observations and should be viewed with caution.

**Figure 83. Coordination of Care by Member Age**



**Figure 84. Coordination of Care by Member Ethnicity**



\* Scores based on less than 30 observations and should be viewed with caution.

## Key Findings:

- There was no difference in ratings of respondents whose child was identified as having a chronic condition compared to all respondents (Figure 81).
- While Asian respondents overall reported a similar rate as other ethnicities, Vietnamese speakers were significantly more likely to have received help coordinating care for their child than Chinese and Korean respondents. (Figures 82 and 84).
- There was a slightly greater rate of coordination of care for younger children (74%) and adolescents (71%) than for pre-teens (69%) (Figure 83).
- More than seven out of ten Asian and Hispanic respondents reported getting help coordinating their child's care compared to six out of ten White respondents (Figure 84).

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# Young Adult Health Care Survey (YAHCS)

The Young Adult Health Care Survey (YAHCS) was developed and tested nationally by the Child and Adolescent Health Measurement Initiative (CAHMI) and the Foundation for Accountability (FACCT). The survey is a comprehensive tool designed to assess the degree to which teens aged 14 through 18 receive recommended preventive counseling and screening. The YAHCS is unique in that teens themselves completed the survey, not their parents. Also, unlike CAHPS, teens were given the choice to complete the survey on-line. The YAHCS results offer insight into how well the HFP overall and individual health plans, in particular, are meeting the needs of the adolescent population.

The survey consists of 58 questions that are grouped into the following eight composites:

- Counseling and screening to prevent risky behaviors
- Counseling and screening to prevent unwanted pregnancy and STDs
- Counseling and screening related to diet, weight and exercise
- Counseling and screening related to depression, mental health and relationships
- Care provided in a confidential and private setting
- Helpfulness of counseling provided
- Communication and experience of care
- Health information

A response of “yes” is considered an achievement score for the four counseling and screening composites and the *Private and Confidential Care* and *Health Information* composites. Responses of “usually” or “always” are considered achievement scores for the *Communication and Experience of Care* composite. Responses of “Very Helpful” or “Helpful” are considered achievement scores for the *Helpfulness of Counseling Provided* composite.

The results of the YAHCS are compared to data collected by the Child and Adolescent Health Measurement Initiative (CAHMI) database. Unfortunately, the only comparison data available is from CAHMI and this data was collected between 1999 and 2002 from teens enrolled in Medicaid and State Children’s Health Insurance Programs (SCHIP) in California, Florida, New York and Washington.

The charts and analysis on the following pages contain the survey results for the eight composite ratings. Included in each analysis is the following charts:

- Individual plan results.
- Comparison to the results of other State Children’s Health Insurance Program (SCHIP) and Medicaid programs.
- Comparison by number of risky behaviors in which the teen is engaging.
- Comparison by time since last routine care visit.
- Comparison by demographics— language spoken at home and ethnicity.

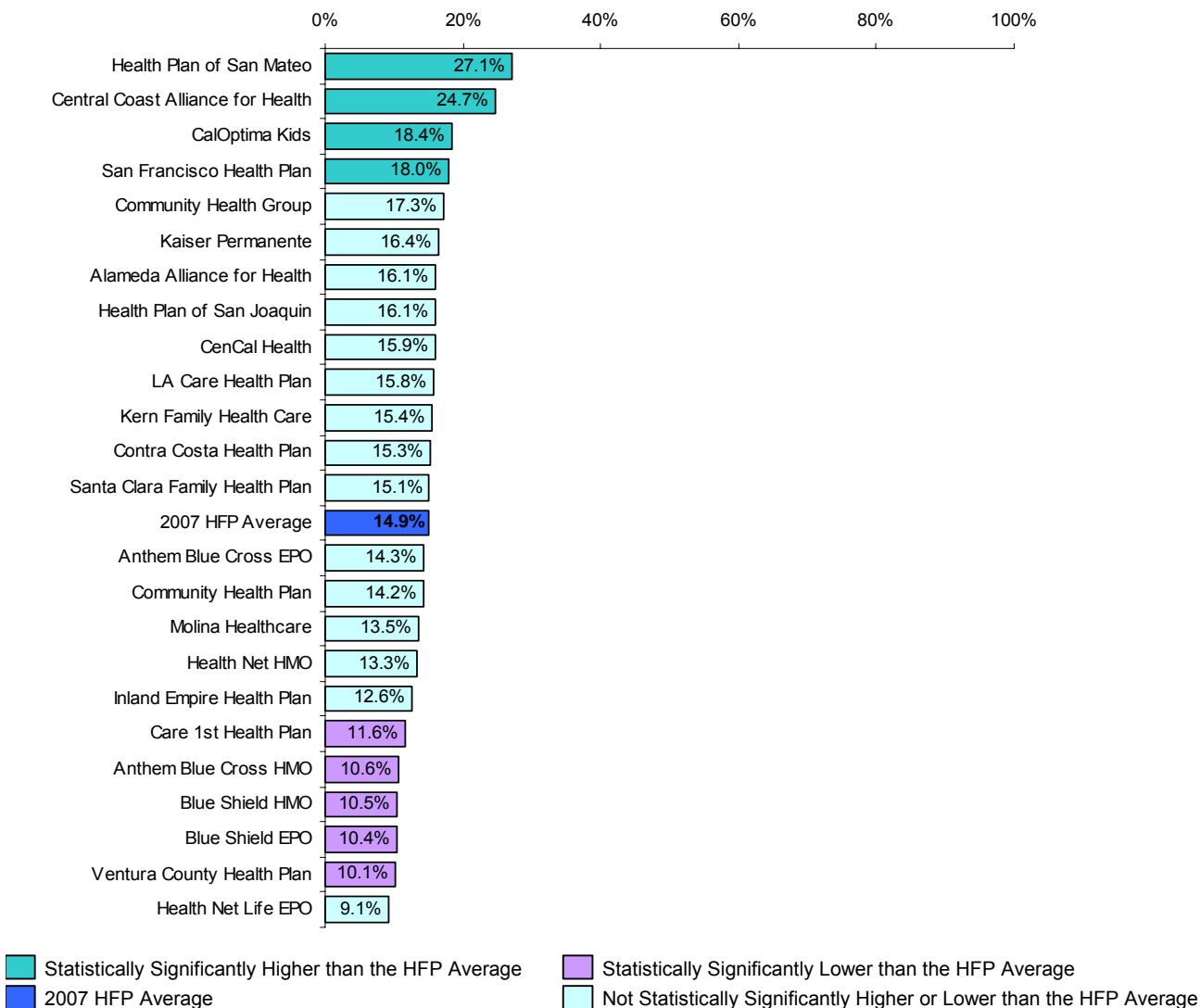
The results of the YAHCS show that overall, very few teens in HFP are receiving the recommended counseling and screening for risk factors. However, when they do get it, the overwhelming majority find the counseling helpful. The HFP average is generally below the national average for SCHIP and Medicaid programs. However, most teens reported that they were in good health, few (less than 2%) engage in more than two risky behaviors and the majority gave their doctors a high rating. Teens received counseling related to diet, weight and exercise much more often (46%) than for preventing risky behaviors (14.9%), unwanted pregnancy and STDs (20.1%), or depression and mental health (15.2%).

# YAHCS: Counseling and Screening to Prevent Risky Behavior

## Counseling and Screening to Prevent Risky Behavior

The scores below represent the percentage of teens who indicated their doctor talked to them about wearing a helmet, riding in a car with someone who has been drinking or using drugs, guns and weapons, chewing tobacco or smoking, drug use, sexual or physical abuse, alcohol use and wearing a seatbelt. The 2007 HFP Average is the average rating of all respondents.

**Figure 85. Individual Plan Results for the Rating of Counseling and Screening to Prevent Risky Behaviors**



## Health Plan Comparison:

Four plans received ratings that were statistically significantly ( $p < .05$ ) higher than the program average:

- Health Plan of San Mateo
- Central Coast Alliance for Health
- CalOptima Kids
- San Francisco Health Plan

Five plans received ratings that were statistically significantly ( $p < .05$ ) below the program average:

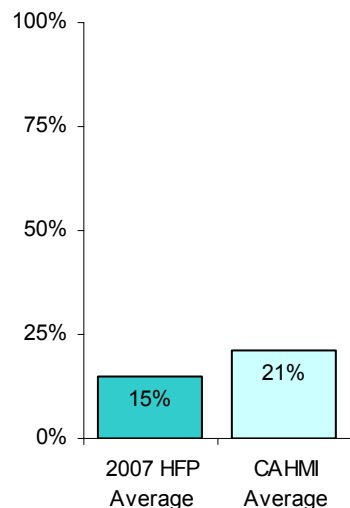
- Care 1st Health Plan
- Anthem Blue Cross HMO
- Blue Shield HMO
- Blue Shield EPO
- Ventura County Health Plan

The individual plan rating for this measure **declined** for all plans that were included in the 2006 survey with the exception of Health Net Life HMO whose score remained the same.

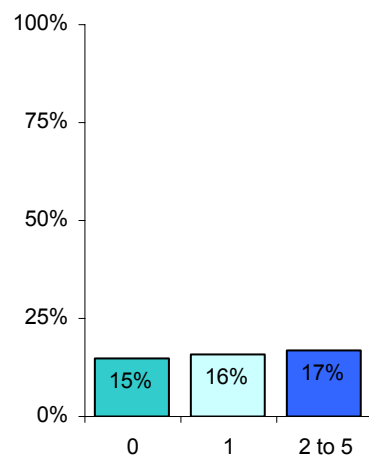
Note: While Health Net Life EPO's score was below the 2007 HFP average, due to an overall smaller sample size than other plans, their score was not considered statistically significantly below the program average.

# YAHCS: Counseling and Screening to Prevent Risky Behavior

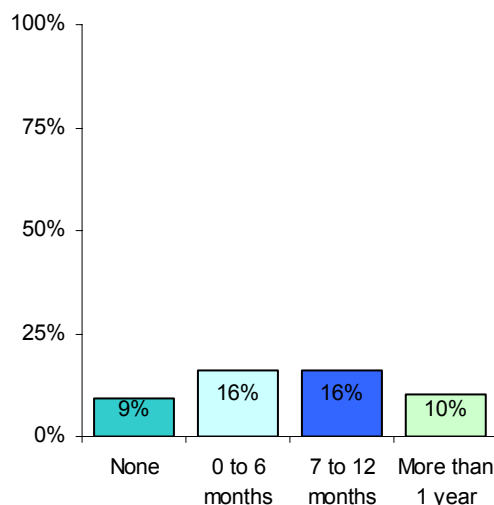
**Figure 86. Counseling and Screening to Prevent Risky Behavior**



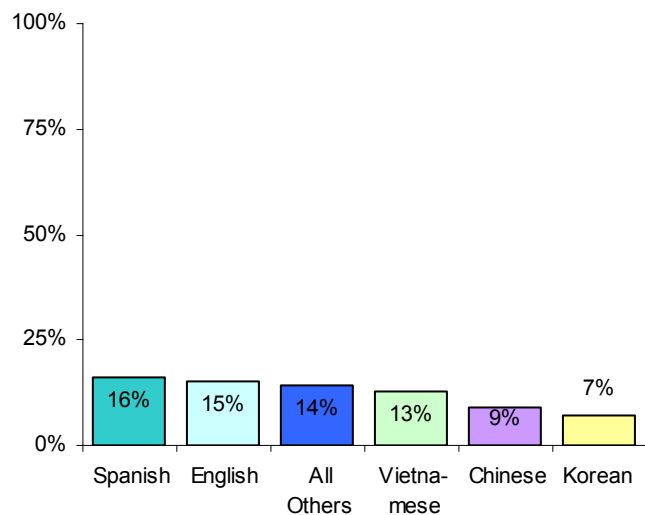
**Figure 87. Counseling and Screening for Risky Behaviors by Number of Risky Behaviors**



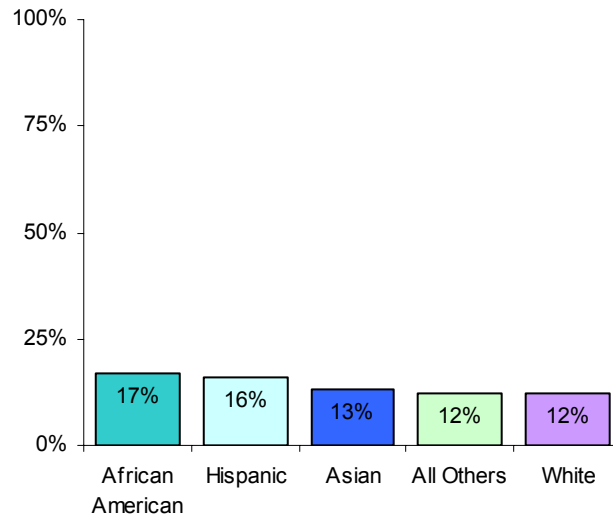
**Figure 88. Counseling and Screening for Risky Behaviors by Time Since Last Routine Care Visit**



**Figure 89. Counseling and Screening for Risky Behaviors by Language**



**Figure 90. Counseling and Screening to Prevent Risky Behaviors by Ethnicity**



## Key Findings:

- Only 15% of HFP teens reported that their doctor talked to them about risky behaviors compared to 21% of teens in Medicaid and other SCHIP programs (Figure 86).
- Even teens who engaged in two or more risky behaviors reported no significant difference in counseling for risky behaviors (Figure 87).
- Eighty-two percent (82%) of teens had a routine care visit in the last 12 months. These teens were more likely to have received counseling for risky behaviors compared to those who had not been to their doctor in more than a year (Figure 88).
- Asian language speakers reported lower rates of counseling for risky behaviors compared to Spanish and English speakers (Figure 89).
- There was no significant difference among ethnic groups (Figure 90).

## Other Notable Findings:

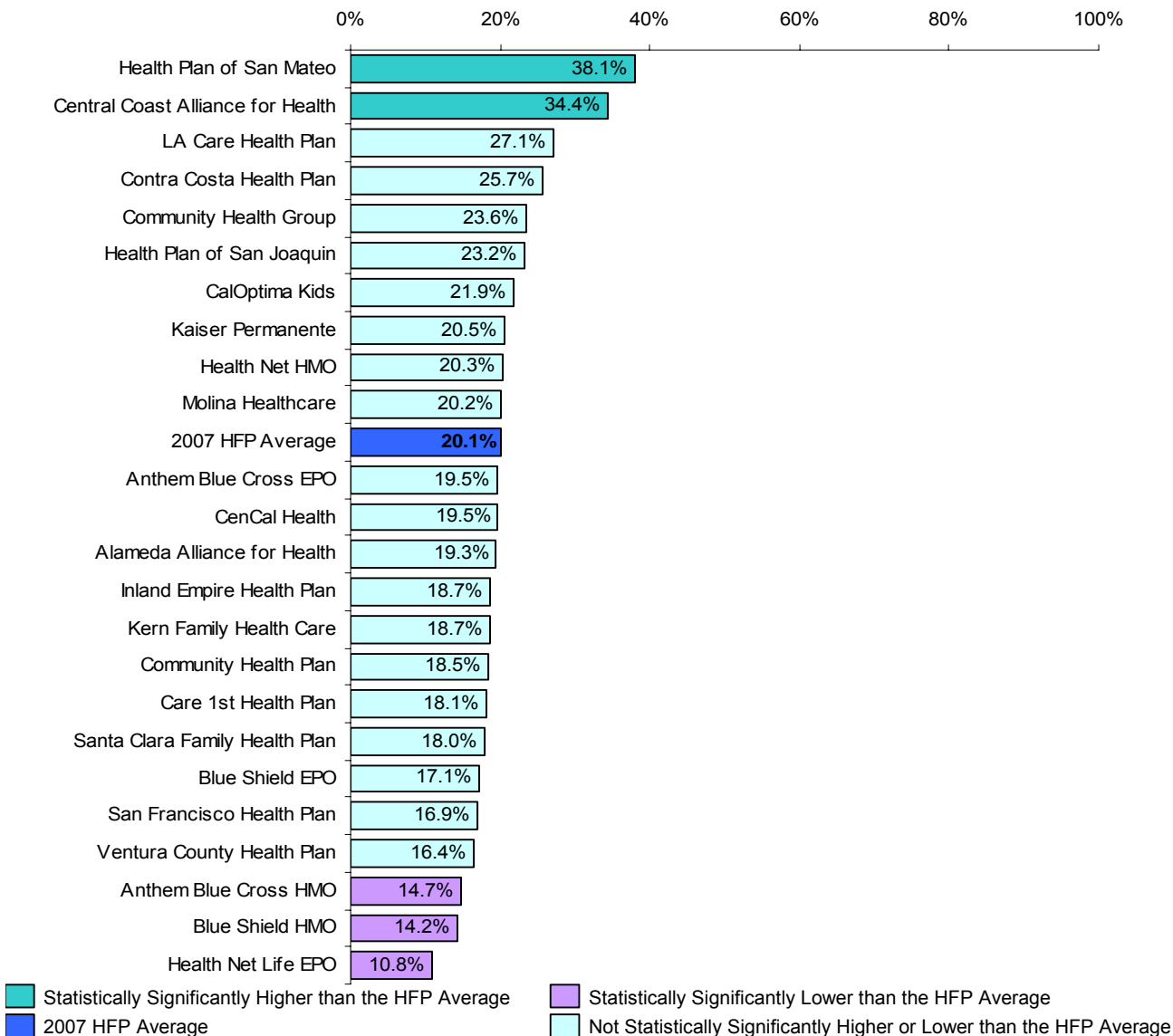
- Two percent (2%) of teens reported smoking a cigarette in the month prior to the survey.
- Seven percent (7%) of teens reported having at least one drink of alcohol in the month prior to the survey. The highest rate was among females over age sixteen (9%).
- Three percent (3%) reported that they rarely or never wear a seatbelt.

# YAHCS: Counseling and Screening to Prevent Unwanted Pregnancy and STDs

## Counseling and Screening to Prevent Unwanted Pregnancy and STDs

The scores below represent the percentage of teens who indicated their doctor talked to them about sexually transmitted diseases (STDs), condoms and birth control. The 2007 HFP Average is the average rating of all respondents.

**Figure 91. Individual Plan Results for the Rating of Counseling and Screening to Prevent Pregnancy and STDs**



## Health Plan Comparison:

Two plans received ratings that were statistically significantly ( $p < .05$ ) higher than the program average:

- Health Plan of San Mateo
- Central Coast Alliance for Health

Three plans received ratings that were statistically significantly ( $p < .05$ ) below the program average:

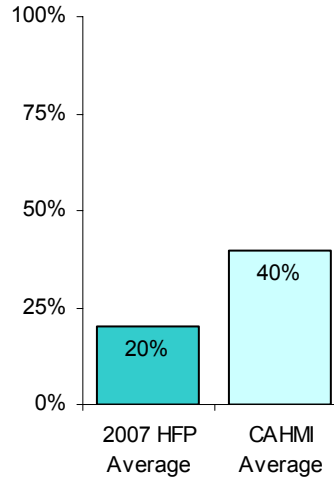
- Anthem Blue Cross HMO
- Blue Shield HMO
- Health Net Life EPO

The individual plan rating for this measure **declined** for all plans that were included in the 2006 survey with the exception of Health Net HMO whose score increased by 2% and Health Plan of San Joaquin whose score increased by 4%.

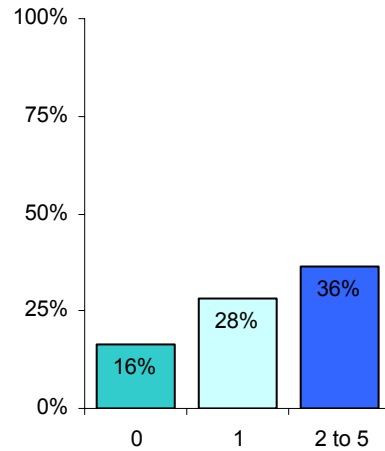


# YAHCS: Counseling and Screening to Prevent Unwanted Pregnancy and STDs

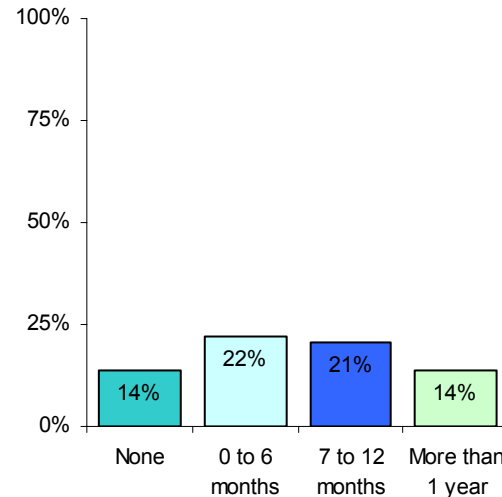
**Figure 92. Counseling and Screening to Prevent Unwanted Pregnancy and STDs**



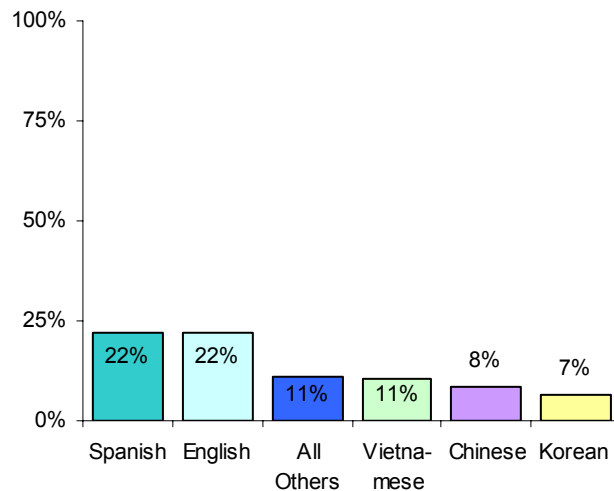
**Figure 93. Counseling and Screening to Prevent Unwanted Pregnancy and STDs by Number of Risky Behaviors**



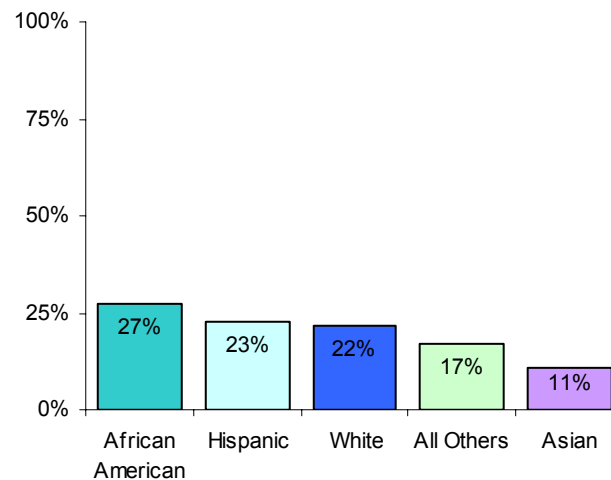
**Figure 94. Counseling and Screening to Prevent Unwanted Pregnancy and STDs by Last Routine Care Visit**



**Figure 95. Counseling and Screening to Prevent Unwanted Pregnancy and STDs by Language**



**Figure 96. Counseling and Screening to Prevent Unwanted Pregnancy and STDs by Ethnicity**



## Key Findings:

- Twenty percent (20%) of teens reported that their doctor talked to them about STDs, birth control and condoms compared to 40% of teens in Medicaid and other SCHIP programs (Figure 92).
- Teens engaging in two or more risky behaviors reported counseling at more than twice the rate of those who engaged in no risky behaviors (Figure 93).
- Teens who had a routine care visit in the last year were more likely to have received counseling about pregnancy and STDs compared to those who had not been to their doctor in more than a year (Figure 94).
- Spanish and English speakers received counseling at twice the rate of Asian language speakers (Figure 95).
- Asian teens received counseling to prevent unwanted pregnancy and STDs at half the rate of African American, Hispanic and White teens. (Figure 96).

## Other Notable Findings:

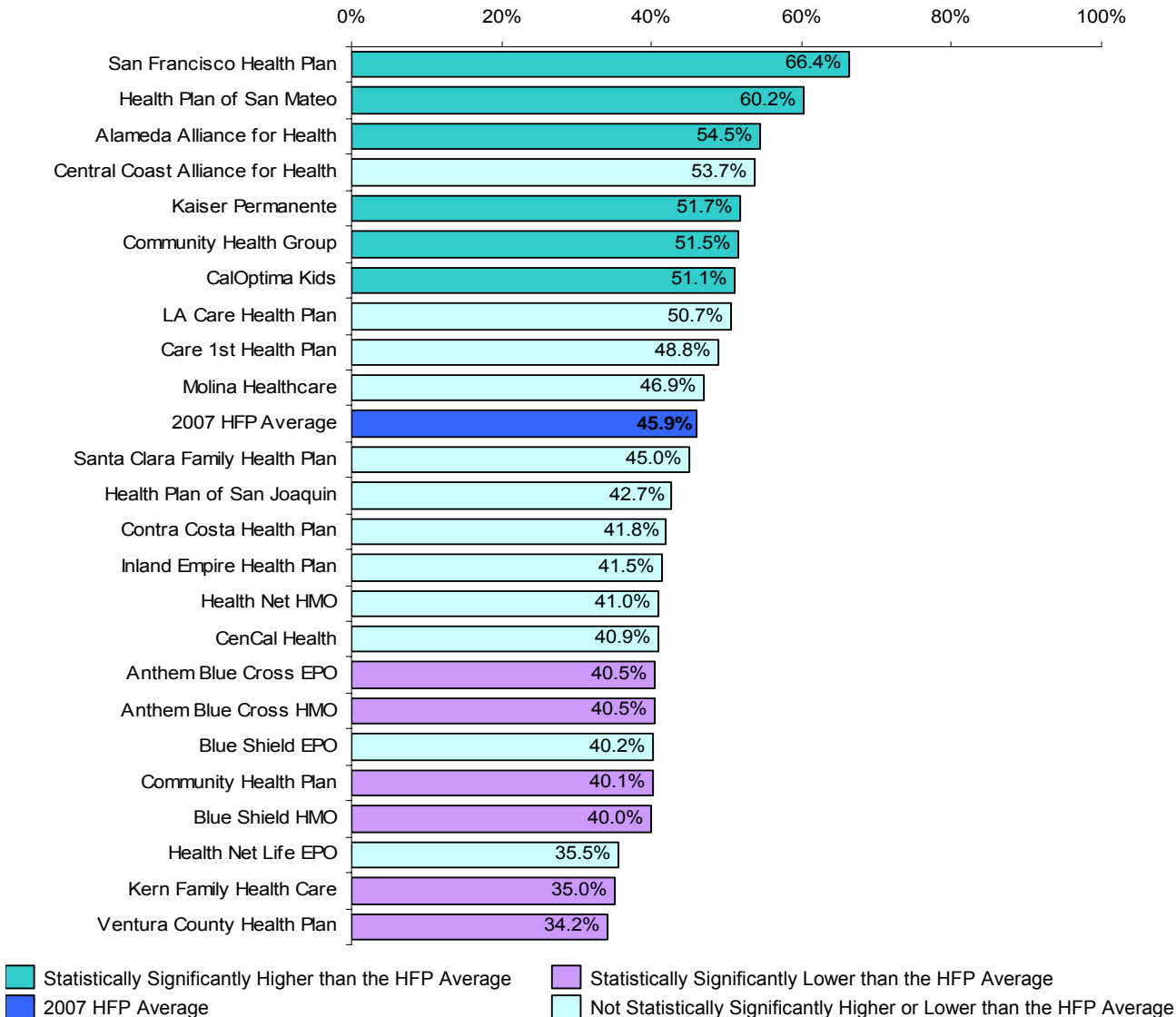
- Twelve percent (12%) of teens reported that they have had sexual intercourse. Seventy-four percent (74%) of these teens reported using a condom the last time they had sexual intercourse.

# YAHCS: Counseling and Screening Related to Diet, Weight and Exercise

## Counseling and Screening Related to Diet, Weight and Exercise

The scores below represent the percentage of teens who indicated their doctor talked to them about their weight, healthy eating and diet, physical activity and exercise. The 2007 HFP Average is the average rating of all respondents.

**Figure 97. Individual Plan Results for Rating of Counseling and Screening Related to Diet, Weight and Exercise**



## Health Plan Comparison:

Six plans received ratings that were statistically significantly ( $p < .05$ ) higher than the program average:

- San Francisco Health Plan
- Health Plan of San Mateo
- Alameda Alliance for Health
- Kaiser Permanente
- Community Health Group
- CalOptima Kids

Six plans received ratings that were statistically significantly ( $p < .05$ ) below the program average:

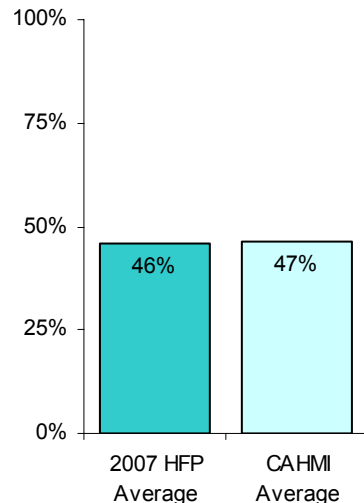
- Anthem Blue Cross EPO
- Anthem Blue Cross HMO
- Community Health Plan
- Blue Shield HMO
- Kern Family Health Care
- Ventura County Health Plan

San Francisco Health Plan's rating improved by 6% from 2006 to 2007.

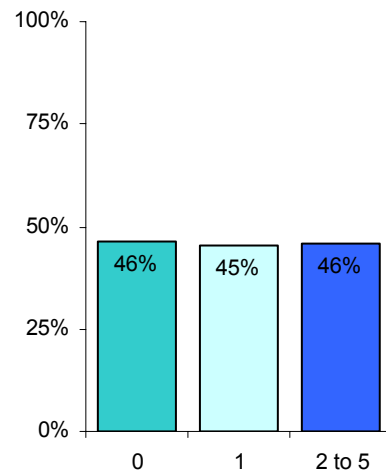
Note: While Central Coast Alliance had a score above the 2007 HFP average and Blue Shield EPO and Health Net Life EPO had scores below the 2007 HFP average, due to an overall smaller sample size than other plans, their scores were not considered statistically significantly above or below the program average.

# YAHCS: Counseling and Screening Related to Diet, Weight and Exercise

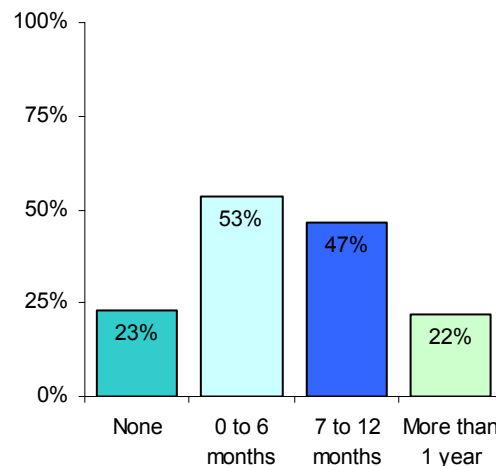
**Figure 98. Counseling and Screening Related to Diet, Weight and Exercise**



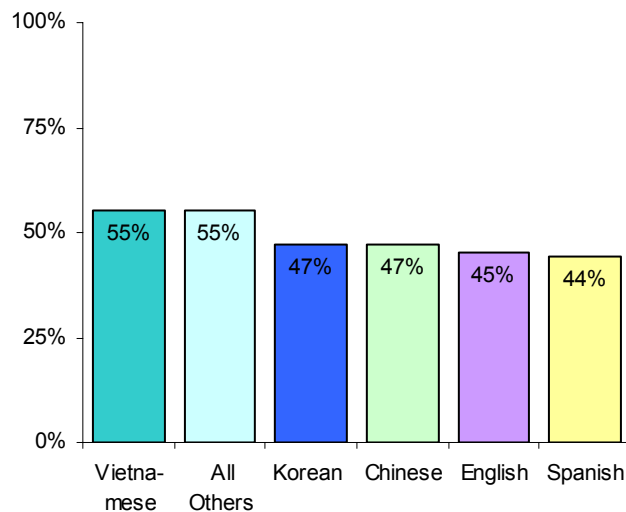
**Figure 99. Counseling and Screening Related to Diet, Weight and Exercise by Number of Risky Behaviors**



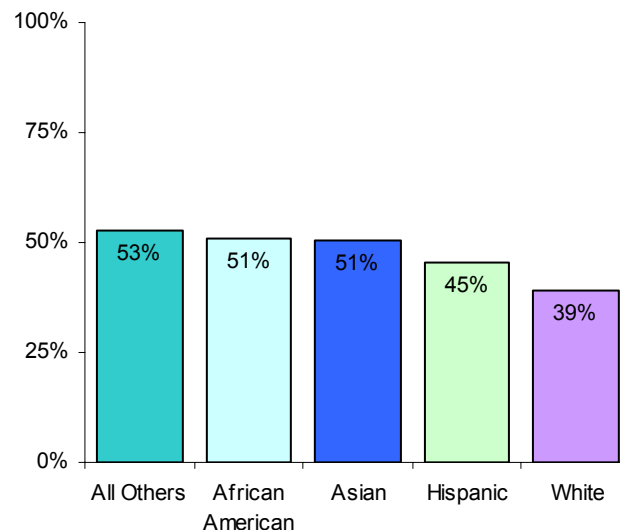
**Figure 100. Counseling and Screening Related to Diet, Weight and Exercise by Last Routine Care Visit**



**Figure 101. Counseling and Screening Related to Diet, Weight and Exercise by Language**



**Figure 102. Counseling and Screening Related to Diet, Weight and Exercise by Ethnicity**



## Key Findings:

- Forty-six percent (46%) of teens reported that their doctor talked to them about diet, weight and exercise compared to 47% of teens in Medicaid and other SCHIP programs (Figure 98).
- Teens who had a routine care visit with their doctor in the last year were more than twice as likely to have received counseling about diet, weight and exercise compared to those who had not been to a doctor in more than a year (Figure 100).
- Unlike other measures, Hispanic and White teens reported the lowest rates of counseling for this measure (Figure 102).

## Other Notable Findings:

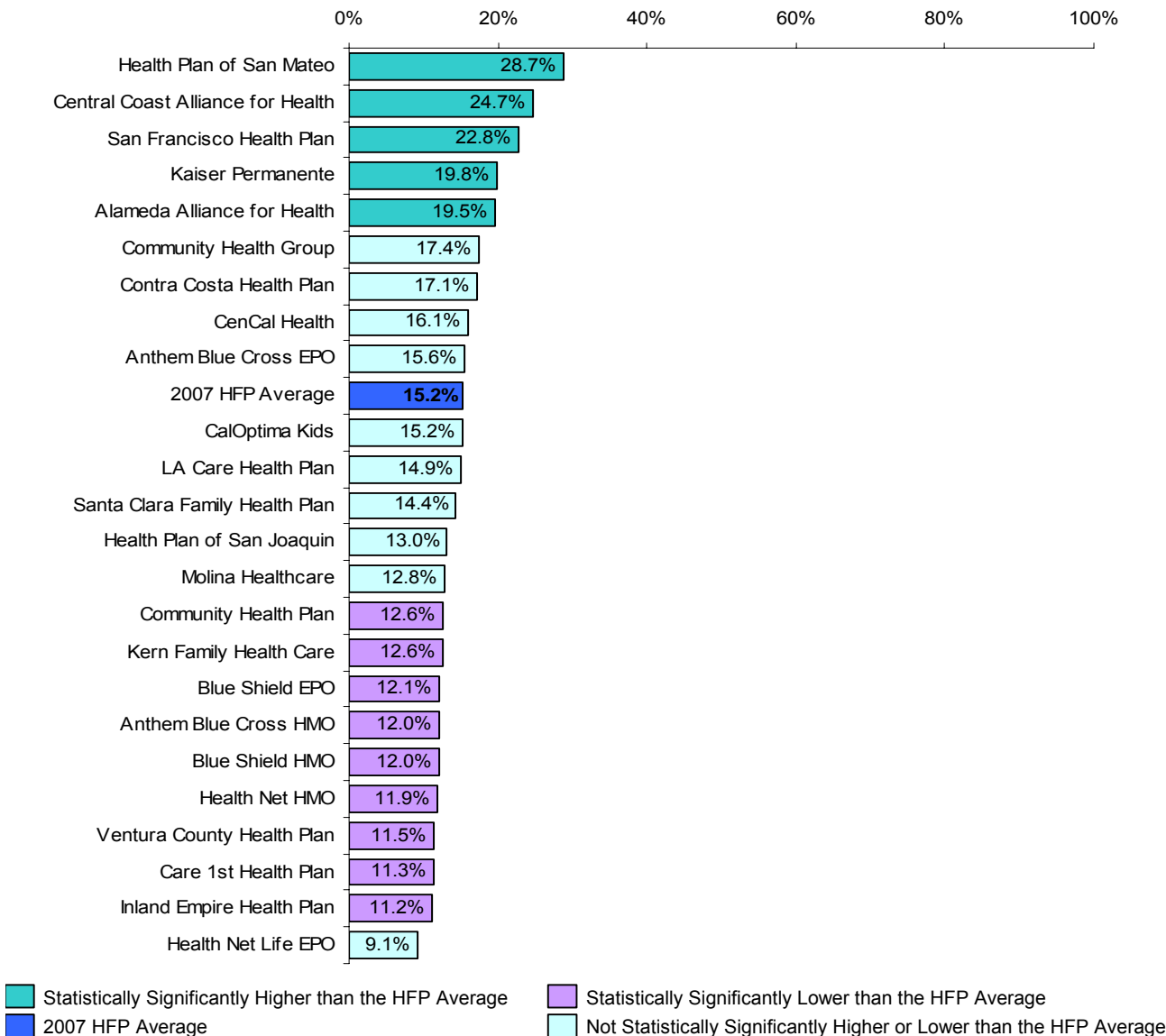
- The American Heart Association recommends that adolescents participate in at least 60 minutes of moderate to vigorous physical activity every day.<sup>4</sup>
- Less than 35% of teens surveyed reported exercising more than 14 days in the 4 weeks prior to the survey and 20% reported no exercise at all.
- The teens that reported the highest rate of zero days of exercise were females over the age of 16 (29%) and those that completed the survey in one of the Asian languages (47%).

# YAHCS: Counseling and Screening Related to Depression, Mental Health and Relationships

## Counseling and Screening Related to Depression, Mental Health and Relationships

The scores below represent the percentage of teens who indicated their doctor talked to them about their friends, school performance or grades, emotions or moods, suicide, sexual orientation and feeling sad or hopeless every day. The 2007 HFP Average is the average rating of all respondents.

**Figure 103. Individual Plan Results for the Rating of Counseling and Screening Related to Depression, Mental Health and Relationships**



### Health Plan Comparison:

Five plans received ratings that were statistically significantly ( $p < .05$ ) higher than the program average:

- Health Plan of San Mateo
- Central Coast Alliance for Health
- San Francisco Health Plan
- Kaiser Permanente
- Alameda Alliance for Health

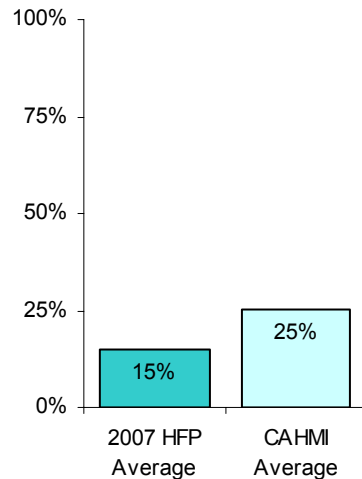
Nine plans received ratings that were statistically significantly ( $p < .05$ ) below the program average:

- Community Health Plan
- Kern Family Health Care
- Blue Shield EPO
- Anthem Blue Cross HMO
- Blue Shield HMO
- Health Net HMO
- Ventura County Health Plan
- Care 1st Health Plan
- Inland Empire Health Plan

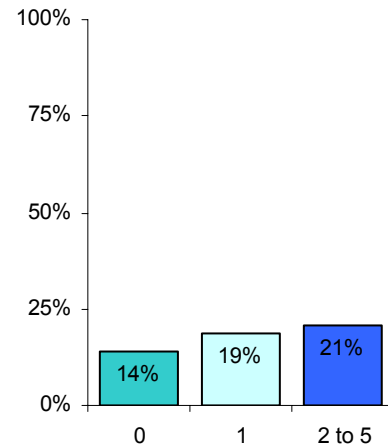
Note: While Health Net Life EPO's score was below the 2007 HFP average, due to an overall smaller sample size than other plans, their score was not considered statistically significantly below the program average.

# YAHCS: Counseling and Screening Related to Depression, Mental Health and Relationships

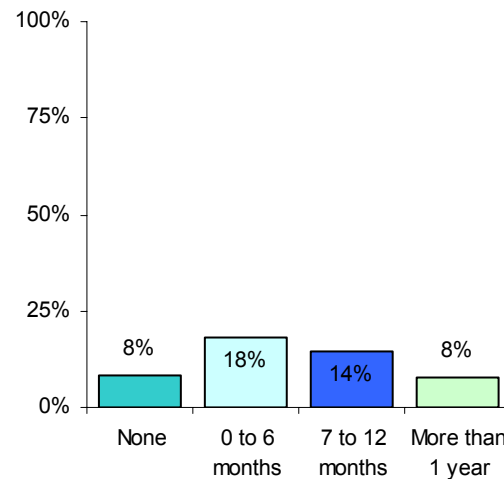
**Figure 104. Counseling and Screening Related to Depression, Mental Health and Relationships**



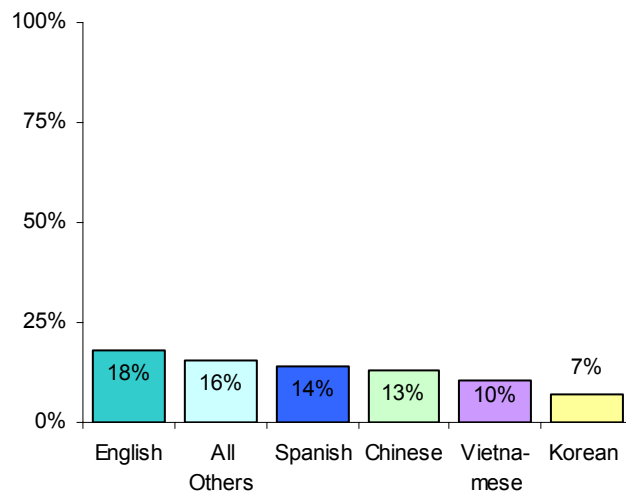
**Figure 105. Counseling and Screening Related to Depression, Mental Health and Relationships by Number of Risky Behaviors**



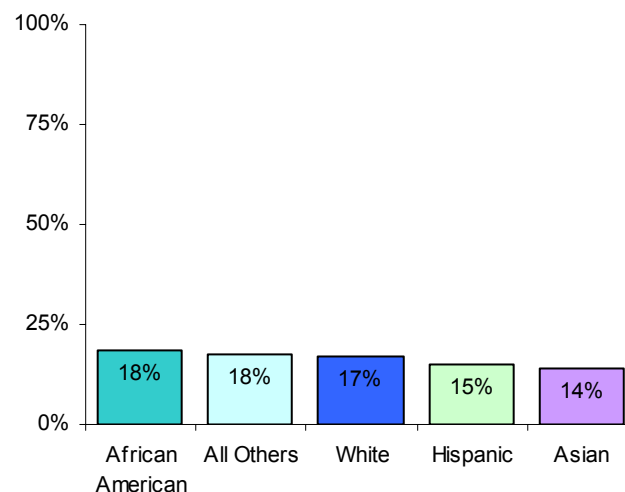
**Figure 106. Counseling and Screening Related to Depression, Mental Health and Relationships by Last Routine Care Visit**



**Figure 107. Counseling and Screening Related to Depression, Mental Health and Relationships by Member Language**



**Figure 108. Counseling and Screening Related to Depression, Mental Health and Relationships by Member Ethnicity**



## Key Findings:

- Only 15% of teens reported that their doctor talked to them about their mental health compared to 25% of teens in Medicaid and other SCHIP programs (Figure 104).
- Teens who engaged in 2 or more risky behaviors received counseling and screening related to mental health at a slightly higher rate than teens who did not engage in risky behaviors (Figure 105).
- Teens who had a routine care visit with their doctor in the last year were almost twice as likely to have received counseling about depression, mental health and relationships compared to those who had not been to a doctor in more than a year (Figure 106).
- There were slight differences in the rates of counseling for mental health among the different ethnic groups (Figure 108).

## Other Notable Findings:

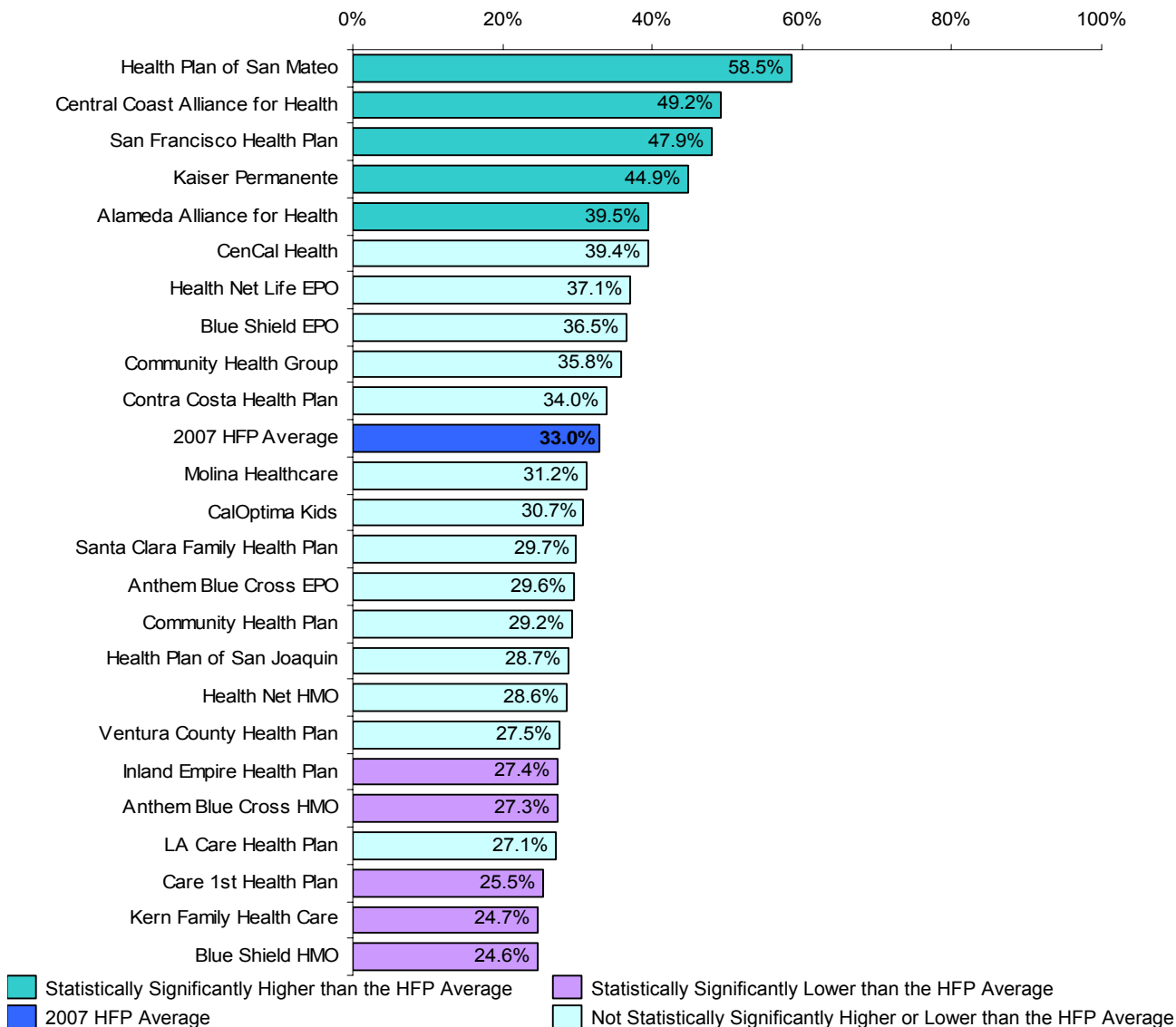
- Teens reported that their doctors were 2 to 3 times more likely to talk to them about their friends (16%), school performance (27%), moods (21%) and sexual orientation (16%) than to talk to them about suicide (8%) or feeling depressed (6%).
- Thirteen percent (13%) of teens reported feeling sad or hopeless every day for more than 2 weeks.
- Five percent (5%) of teens reported receiving treatment or counseling for mental health, substance abuse or emotional problems.

# YAHCS: Care Provided in a Confidential and Private Setting

## Care Provided in a Confidential and Private Setting

The scores below represent the percentage of teens who indicated their doctor talked to them privately and if they were told that what they talked about was confidential. The 2007 HFP Average is the average rating of all respondents.

**Figure 109. Individual Plan Results for the Rating of Care Provided in a Confidential and Private Setting**



## Health Plan Comparison:

Five plans received ratings that were statistically significantly ( $p < .05$ ) higher than the program average:

- Health Plan of San Mateo
- Central Coast Alliance for Health
- San Francisco Health Plan
- Kaiser Permanente
- Alameda Alliance for Health

Five plans received ratings that were statistically significantly ( $p < .05$ ) below the program average:

- Inland Empire Health Plan
- Anthem Blue Cross HMO
- Care 1st Health Plan
- Kern Family Health Care
- Blue Shield HMO

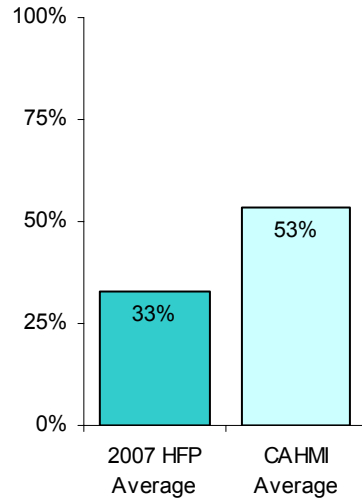
Two plans showed an improvement of more than 5% from 2006 to 2007:

- Community Health Plan
- Health Plan of San Joaquin

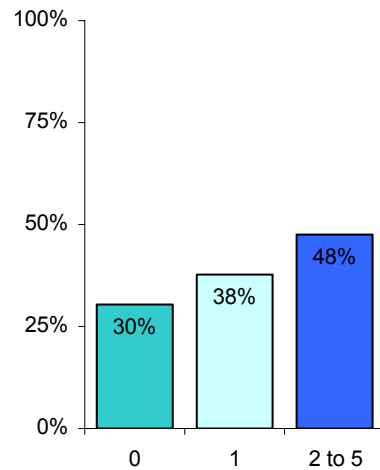
Note: While L.A. Care Health Plan's score was below the 2007 HFP average, due to an overall smaller sample size than other plans, their score was not considered statistically significantly below the program average.

# YAHCS: Care Provided in a Confidential and Private Setting

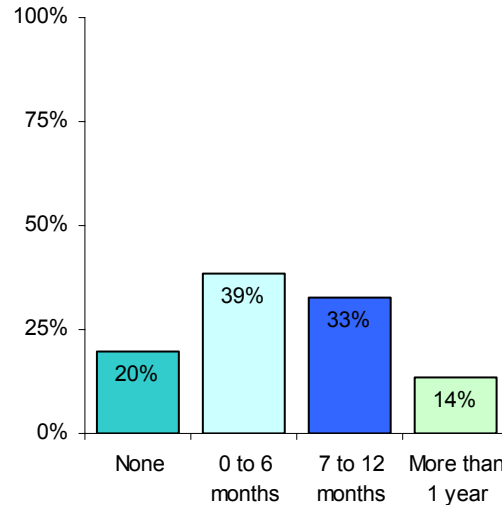
**Figure 110. Care Provided in a Confidential and Private Setting**



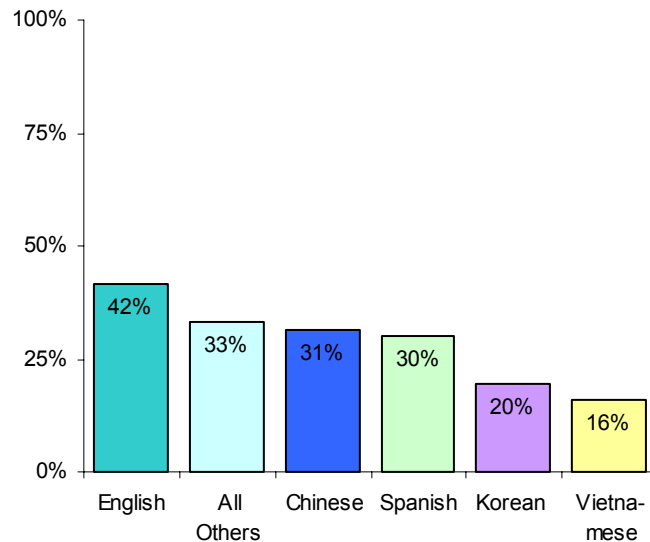
**Figure 111. Care Provided in a Confidential and Private Setting by Number of Risky Behaviors**



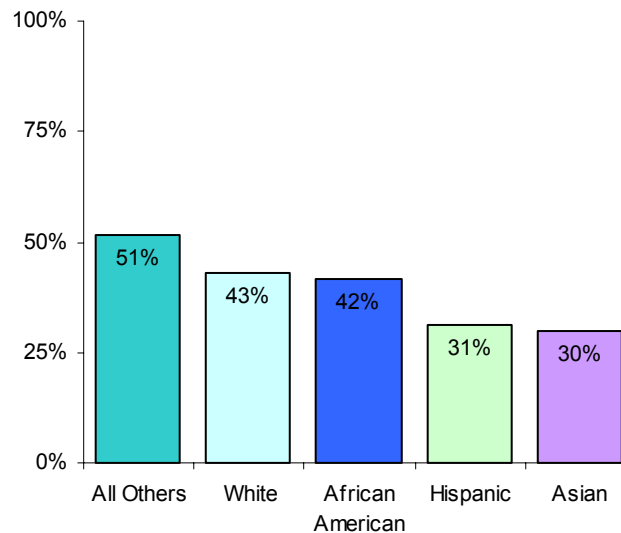
**Figure 112. Care Provided in a Confidential and Private Setting by Last Routine Care Visit**



**Figure 113. Care Provided in a Confidential and Private Setting by Language**



**Figure 114. Care Provided in a Confidential and Private Setting by Ethnicity**



## Key Findings:

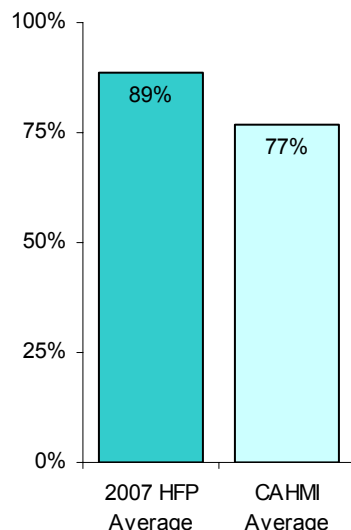
- The American Medical Association (AMA) Guidelines on Adolescent and Preventive Services call for yearly screenings of teens in a private and confidential health care setting.<sup>5</sup>
- Only one-third of teens reported talking to their doctor privately compared to more than half of teens in Medicaid and other SCHIP programs (Figure 110).
- Teens who engaged in 2 or more risky behaviors were much more likely to receive care in a confidential and private setting (Figure 111).
- Teens who had a routine care visit with their doctor in the last year were more than twice as likely to have received counseling in a private setting compared to those who had not been to a doctor for a routine care visit in more than a year (Figure 112).
- English speaking teens received care in a private setting twice as often as Korean and Vietnamese speaking teens (Figure 113).
- Asian and Hispanic teens reported the lowest rates of counseling in a private setting (Figure 114).

Due to the low incidence of counseling and screening of teens, only 2 health plans had more than 30 observations for the *Helpfulness of Counseling* composite. Therefore a statistical comparison of the individual plan results is not possible.

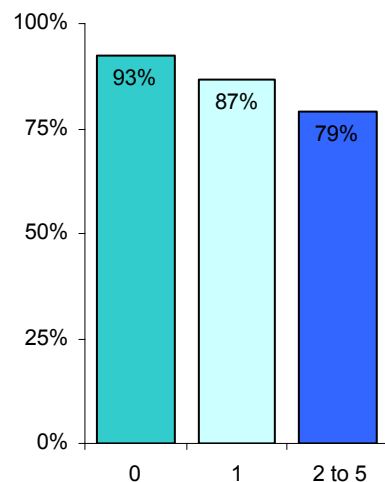


# YAHCS: Helpfulness of Counseling Provided

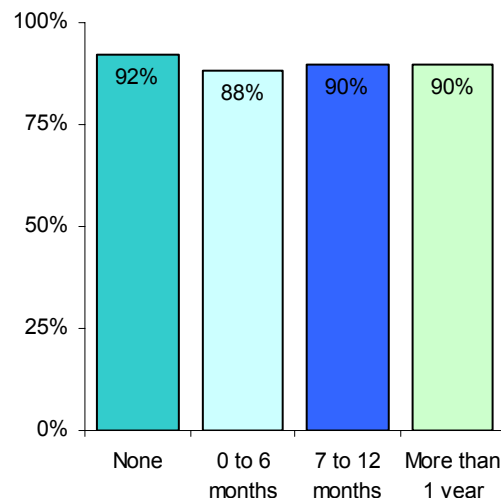
**Figure 115. Helpfulness of Counseling Provided**



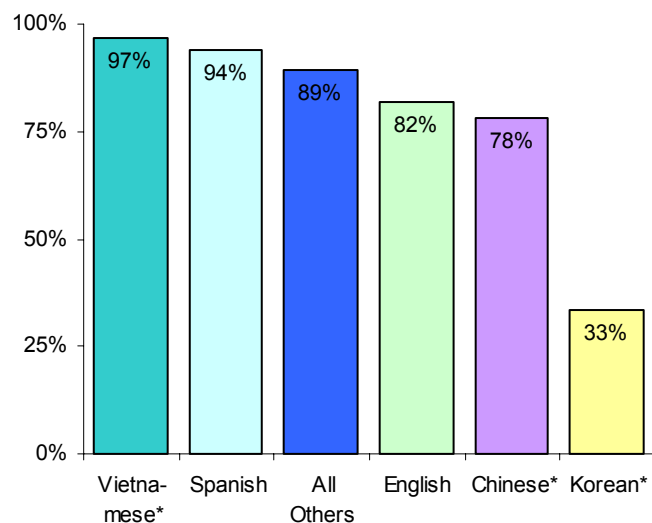
**Figure 116. Helpfulness of Counseling Provided by Number of Risky Behaviors**



**Figure 117. Helpfulness of Counseling Provided by Last Routine Care Visit**

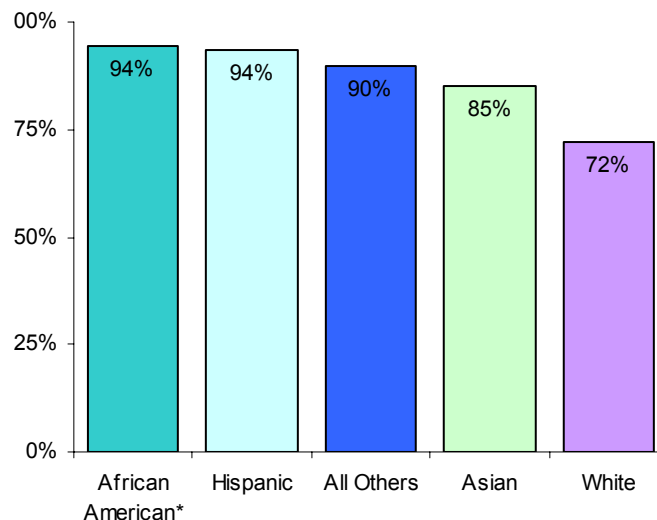


**Figure 118. Helpfulness of Counseling Provided by Language**



\* Scores based on less than 30 observations and should be viewed with caution.

**Figure 119. Helpfulness of Counseling Provided by Ethnicity**



\* Score based on less than 30 observations and should be viewed with caution.

## Helpfulness of Counseling Provided

Teens were asked if their doctor talked to them about smoking, alcohol use, condoms and birth control and if they found the counseling to be helpful or very helpful. The *2007 HFP Average* is the average rating of all respondents.

### Key Findings:

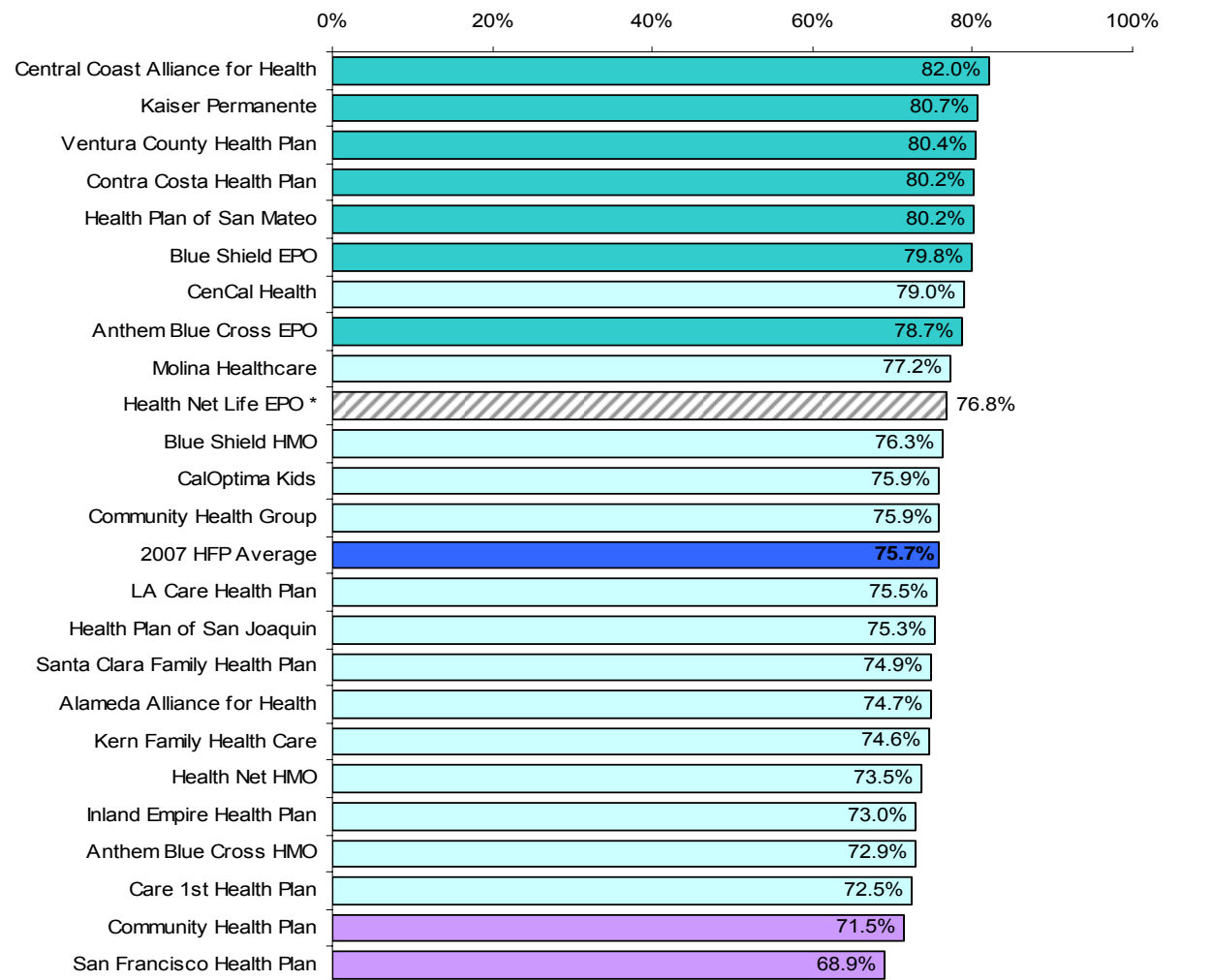
- Less than one in five teens (18%) said their doctor talked to them about smoking, alcohol use, condoms and birth control. Of those, 89% reported that the counseling they received was helpful compared to 77% of teens in Medicaid and other SCHIP programs (Figure 115).
- Teens who engaged in 2 or more risky behaviors found the counseling to be less helpful compared to teens who were not engaging in any risky behaviors (Figure 116).
- There was no significant difference based on time since last routine care visit (Figure 117).
- Spanish and English speakers reported high levels of helpfulness when counseling was received (Figure 118).
- The majority of African American and Hispanic teens found counseling to be helpful, however, White teens found counseling to be significantly less helpful (Figure 119).

# YAHCS: Communication and Experience of Care

## Communication and Experience of Care

The scores below represent the percentage of teens who were satisfied with the care they received from their doctor, their ability to understand their doctor and the helpfulness of the office staff. The 2007 HFP Average is the average rating of all respondents.

**Figure 120. Individual Plan Results for the Rating of *Communication and Experience of Care***



■ Statistically Significantly Higher than the HFP Average    
 ■ Statistically Significantly Lower than the HFP Average  
■ 2007 HFP Average    
 ■ Not Statistically Significantly Higher or Lower than the HFP Average  
■ Score based on less than 30 observations and should be viewed with caution

## Health Plan Comparison:

Seven plans received ratings that were statistically significantly ( $p < .05$ ) higher than the program average:

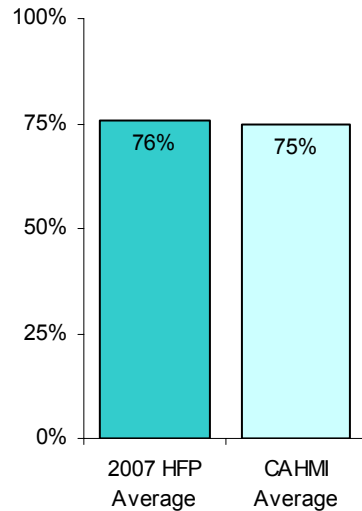
- Central Coast Alliance for Health
- Kaiser Permanente
- Ventura County Health Plan
- Contra Costa Health Plan
- Health Plan of San Mateo
- Blue Shield EPO
- Anthem Blue Cross EPO

Two plans received ratings that were statistically significantly ( $p < .05$ ) below the program average:

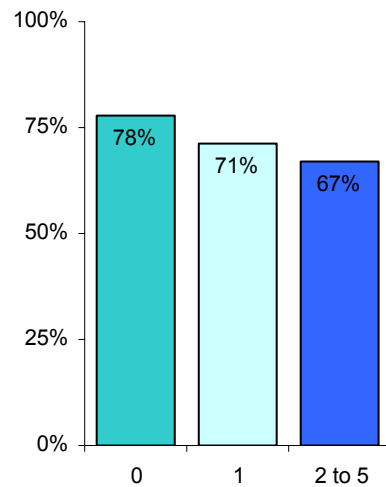
- Community Health Plan
- San Francisco Health Plan

Note: While CenCal Health's score was above the 2007 HFP average, due to an overall smaller sample size than other plans, their score was not considered statistically significantly above the program average.

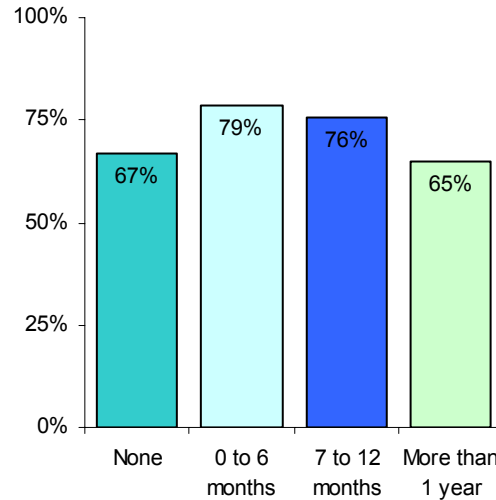
**Figure 121.**  
Communication and  
Experience of Care



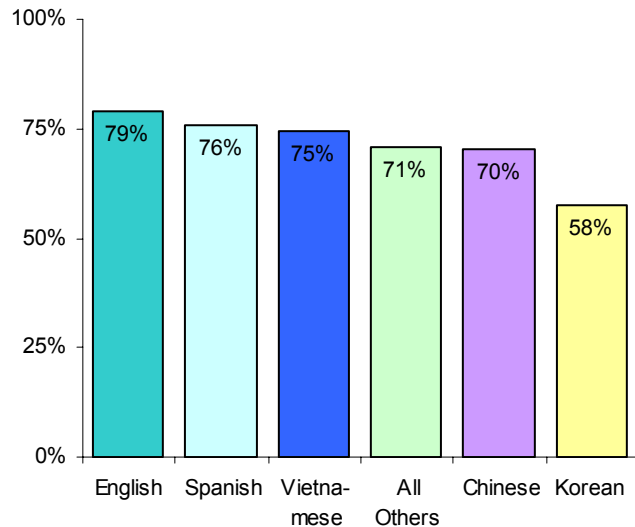
**Figure 122.** Communication  
and Experience of Care by  
Number of Risky Behaviors



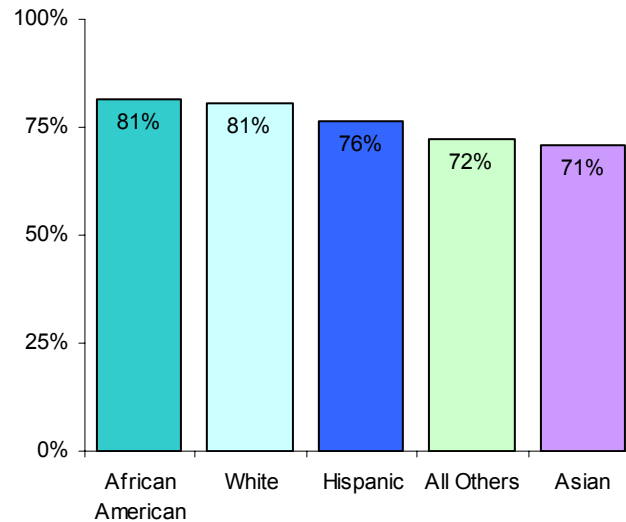
**Figure 123.** Communication and  
Experience of Care by Last Routine  
Care Visit



**Figure 124.** Communication and Experience of  
Care by Language



**Figure 125.** Communication and Experience of  
Care by Ethnicity



## Key Findings:

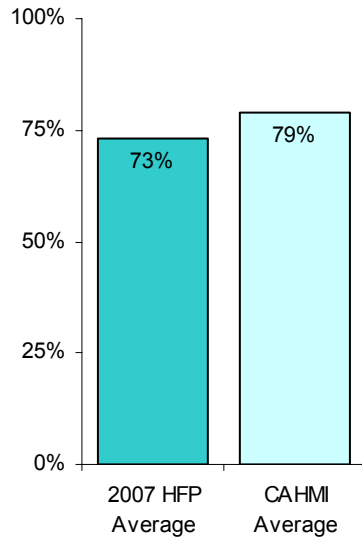
- Seventy-six percent (76%) of teens reported being satisfied with the care they received compared to 75% of teens in Medicaid and other SCHIP programs (Figure 121).
- Teens who engaged in 2 or more risky behaviors were the least satisfied with the care they received (Figure 122).
- Teens who had a routine care visit with their doctor in the last year were the most satisfied with the care they received (Figure 123).

## Other Notable Findings:

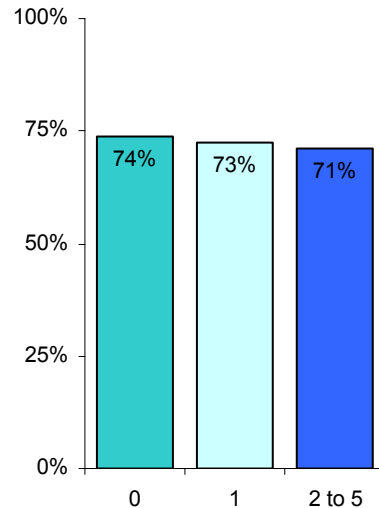
- Seventy-four percent (74%) of teens reported that they never had a problem understanding their doctor even though they spoke different languages.
- Seventy-eight percent (78%) of teens said their doctor usually or always explained things in a way they could understand.
- Sixty-five percent (65%) of teens thought the office staff at their doctor's office was helpful compared to 87% of CAHPS survey respondents whose child was 13 to 19 years old.
- Seventy-one percent (71%) of teens rated their overall health care at 8, 9 or 10 compared to 83% of CAHPS survey respondents whose child was 13 to 19 years old.

Since the *Health Information* composite does not specifically apply to health information provided by the health plans or providers, a comparison of individual health plan results is not provided.

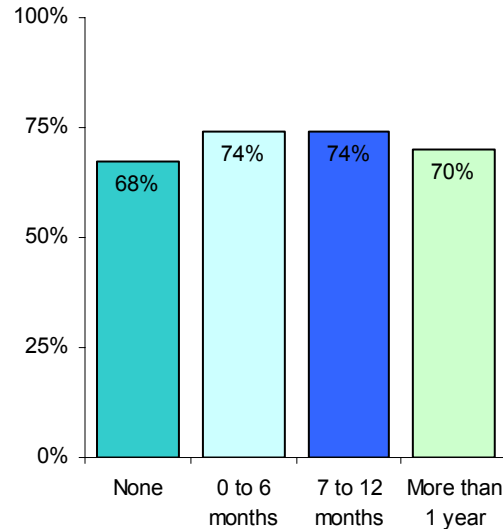
**Figure 126. Health Information**



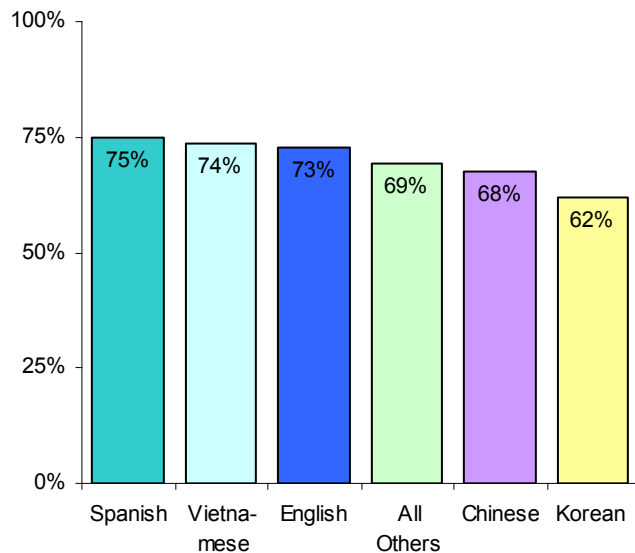
**Figure 127. Health Care Rating by Number of Risky Behaviors**



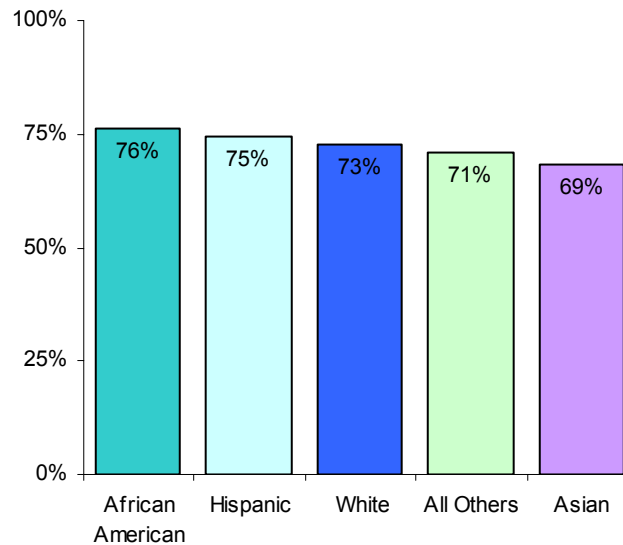
**Figure 128. Health Care Rating by Last Routine Care Visit**



**Figure 129. Health information by Language**



**Figure 130. Health Information by Ethnicity**



## Health Information

Teens were asked if they saw or heard information (not necessarily at the doctor's office) that provided safety tips, talked about the risks of smoking, drinking or substance abuse, the benefits of healthy diet, physical activity or exercise or tips about how to prevent STDs.

### Key Findings:

- Seventy-three percent (73%) of teens reported seeing or hearing information about risky behaviors compared to 79% of teens in Medicaid and other SCHIP programs (Figure 127).
- There was no significant difference based on the number of risky behaviors the teen reported engaging in (Figure 128).
- Teens who had a routine care visit with their doctor in the last year were more likely to have seen or heard information about risky behaviors (Figure 129).
- Asian teens reported seeing health information slightly less than African American, Hispanic and White teens (Figure 131).

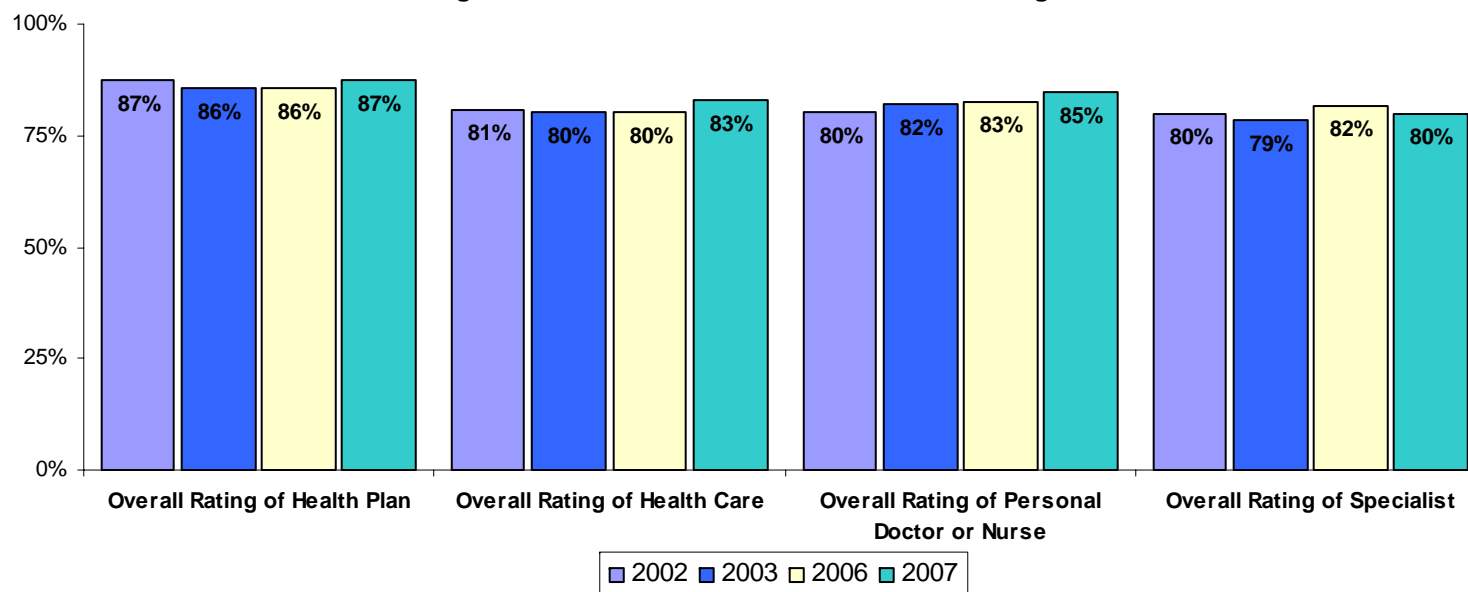
### Other Notable Findings:

- Teens were most likely to have seen or heard information about the benefits of a healthy diet, physical activity or exercise (83%).
- Teens reported lower rates of seeing or hearing information that provided safety tips (64%) or about how

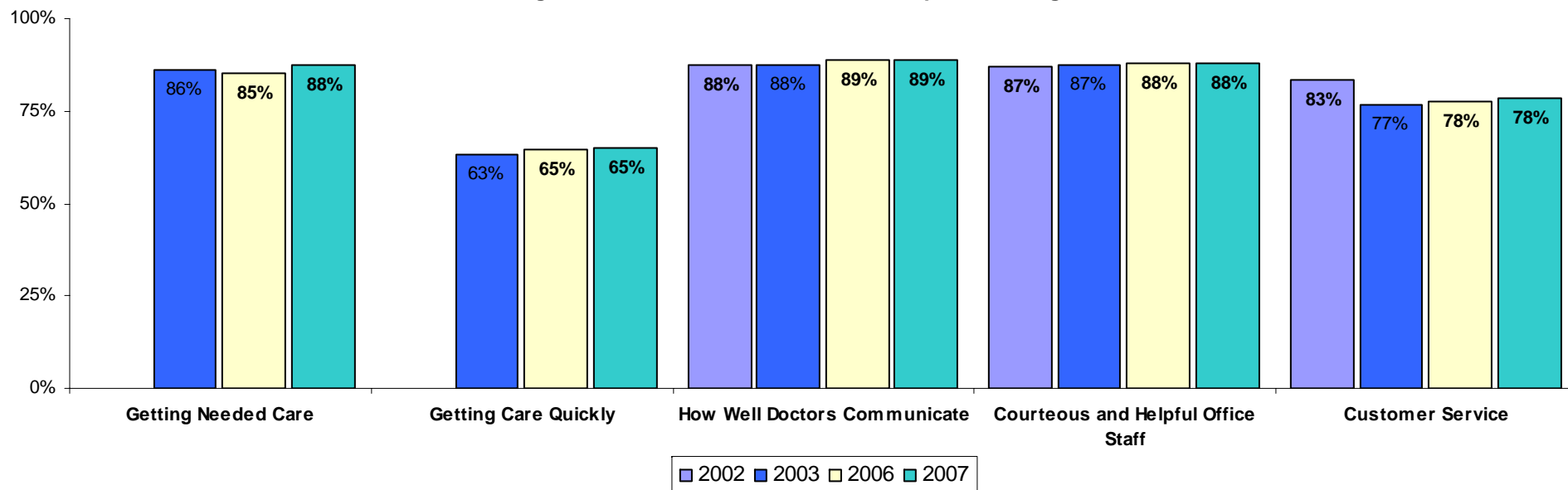
# Appendices

# Appendix A. CAHPS Trend Data 2002-2007

**Figure 131. Trend Data for CAHPS Overall Ratings**

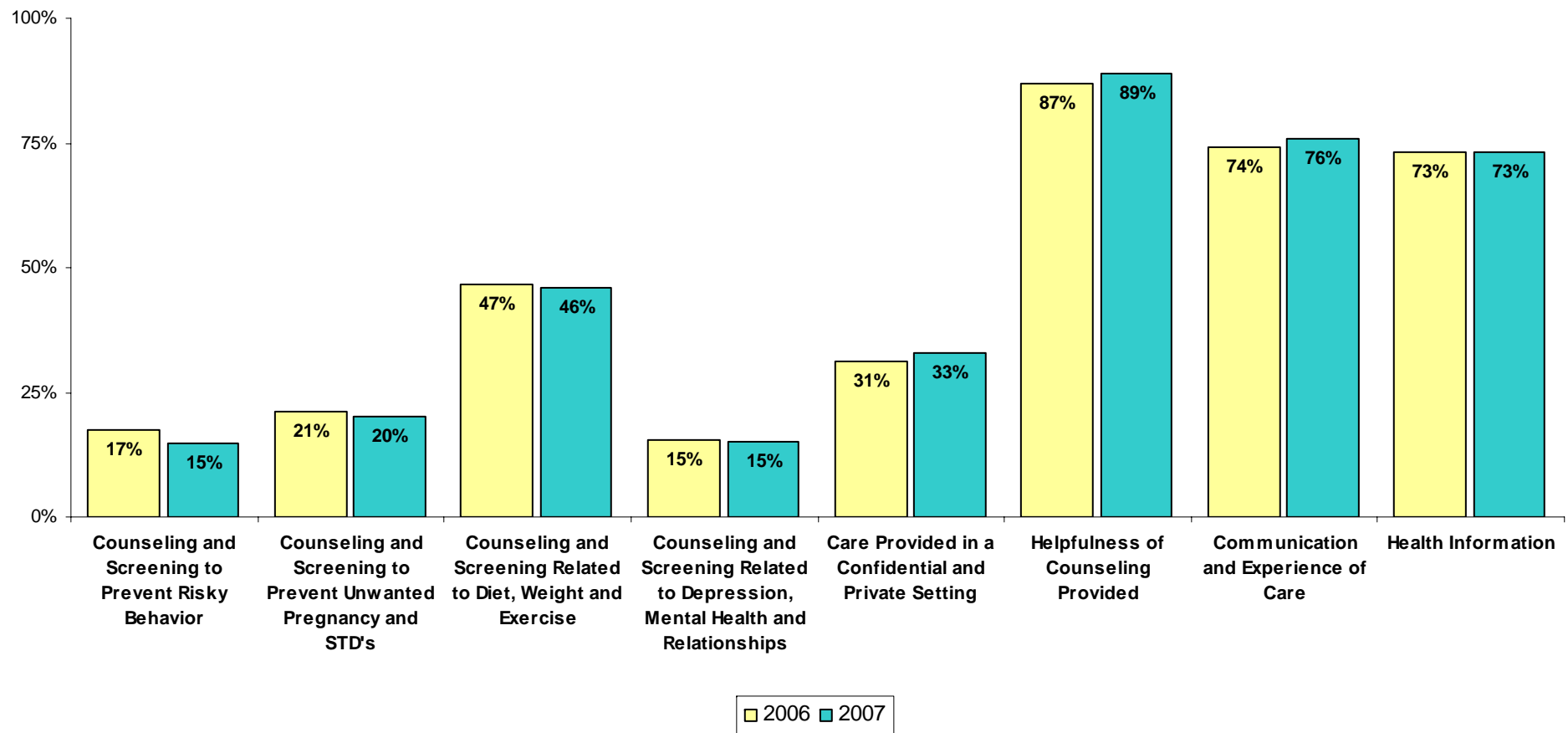


**Figure 132. Trend Data for CAHPS Composite Ratings**



Note: The CAHPS survey was not funded in 2004 and 2005, therefore, no trend data is available for those years. Trend analysis of the 2002 *Getting Needed Care* and *Getting Care Quickly* composites is not possible due to the revisions to an earlier version of the survey.

Figure 133. Two-Year Data for YAHCS Ratings





## Appendix C. CAHPS Survey Distribution

Table 1. CAHPS Survey Distribution by Health Plan and Survey Language

Health Plan	Overall Response Rate	Total Sample Size	English	Spanish	Chinese	Korean	Vietnamese
Alameda Alliance for Health	52.1%	900	275	383	196	5	41
Anthem Blue Cross EPO	51.0%	900	422	448	13	9	8
Anthem Blue Cross HMO	52.5%	900	435	352	57	31	25
Blue Shield HMO	52.1%	900	501	283	57	42	17
Blue Shield of California EPO	50.8%	900	721	162	7	3	7
CalOptima Kids	54.5%	900	136	627	6	26	105
Care 1st Health Plan	51.1%	900	246	627	20	3	4
CenCal Health	62.9%	720	207	510	1	2	0
Central Coast Alliance for Health	50.8%	900	232	660	3	1	4
Community Health Group	51.4%	900	253	631	5	2	9
Community Health Plan	50.4%	900	218	644	27	3	8
Contra Costa Health Plan	52.2%	900	190	698	4	2	6
Health Net HMO	52.1%	900	465	352	44	10	29
Health Net Life EPO	65.1%	252	192	60	0	0	0
Health Plan of San Joaquin	50.2%	900	370	501	19	0	10
Health Plan of San Mateo	51.0%	900	251	637	12	0	0
Inland Empire Health Plan	50.9%	900	338	558	2	0	2
Kaiser Permanente	52.5%	900	509	362	19	4	6
Kern Family Health Care	50.6%	900	324	573	0	2	1
L.A. Care Health Plan	52.2%	900	297	576	12	12	3
Molina Healthcare	50.2%	900	303	573	7	2	15
San Francisco Health Plan	53.0%	900	161	135	596	1	7
Santa Clara Family Health Plan	52.6%	900	178	504	28	2	188
Ventura County Health Care Plan	51.1%	900	187	710	1	2	0
Total Surveys Mailed		20,772	7,411	11,566	1,136	164	495
Total Surveys Completed		10,420	3,339	6,083	660	93	245
Response Rate		52.1%	45%	53%	58%	57%	49%

## Appendix D. CAHPS Sample Profile

**Table 2. Child Demographic Characteristics**

<b>Age (years)</b>	<b>HFP Overall</b>	<b>CCC</b>	<b>Asian Survey</b>	<b>English Survey</b>	<b>Spanish Survey</b>
0-5 years	22.4%	15.6%	16.4%	24.0%	22.5%
6-12 years	49.9%	51.9%	46.9%	49.4%	50.7%
13-19 years	27.6%	32.5%	36.7%	26.6%	26.8%

<b>Gender</b>	<b>HFP Overall</b>	<b>CCC</b>	<b>Asian Survey</b>	<b>English Survey</b>	<b>Spanish Survey</b>
Female	51.4%	57.9%	53.0%	52.7%	50.4%
Male	48.6%	42.1%	47.0%	47.3%	49.6%

<b>Ethnicity</b>	<b>HFP Overall</b>	<b>CCC</b>	<b>Asian Survey</b>	<b>English Survey</b>	<b>Spanish Survey</b>
White	32.8%	40.1%	0.2%	40.0%	33.8%
African American	1.9%	4.2%	0.1%	5.6%	0.1%
Asian	15.5%	13.4%	97.8%	19.7%	0.2%
American Indian or Alaska Native	1.5%	1.8%	0.0%	2.2%	1.3%
Hispanic	71.8%	65.4%	0.9%	43.3%	99.3%
Native Hawaiian or Other Pacific Islander	0.9%	1.4%	0.2%	2.3%	0.1%
Other	32.0%	31.4%	1.9%	31.7%	36.9%

<b>How long in health plan</b>	<b>HFP Overall</b>	<b>CCC</b>	<b>Asian Survey</b>	<b>English Survey</b>	<b>Spanish Survey</b>
Less than 6 months	1.7%	1.9%	0.9%	2.1%	1.5%
At least 6 months but less than 1 year	4.2%	2.7%	2.8%	5.2%	3.8%
At least 1 year but less than 2 years	20.4%	19.0%	13.3%	23.1%	20.0%
At least 2 years but less than 5 years	45.6%	45.4%	44.0%	48.7%	44.1%
5 or more years	28.1%	30.9%	39.0%	21.0%	30.6%

## Appendix D. CAHPS Sample Profile

**Table 3. Respondent Demographic Characteristics**

<b>Age (years)</b>	<b>HFP Overall</b>	<b>CCC</b>	<b>Asian Survey</b>	<b>English Survey</b>	<b>Spanish Survey</b>
Under 18	4.2%	5.4%	4.0%	6.3%	3.1%
18 to 24	2.1%	0.9%	0.1%	2.9%	2.0%
25 to 34	29.4%	26.3%	7.6%	32.6%	31.1%
35 to 44	46.4%	46.4%	47.8%	41.0%	49.3%
45 to 54	16.0%	18.8%	36.5%	15.1%	13.4%
55 to 64	1.5%	1.9%	3.6%	1.7%	1.0%
65 to 74	0.2%	0.4%	0.4%	0.2%	0.1%
75 and older	0.1%	0.0%	0.0%	0.2%	0.0%

<b>Gender</b>	<b>HFP Overall</b>	<b>CCC</b>	<b>Asian Survey</b>	<b>English Survey</b>	<b>Spanish Survey</b>
Female	15.2%	13.8%	26.2%	15.6%	13.2%
Male	84.8%	86.2%	73.8%	84.4%	86.8%

<b>Highest grade or level of school completed</b>	<b>HFP Overall</b>	<b>CCC</b>	<b>Asian Survey</b>	<b>English Survey</b>	<b>Spanish Survey</b>
8th grade or less	21.0%	15.7%	18.6%	3.4%	31.7%
Some high school, but did not graduate	14.7%	13.3%	14.8%	8.4%	18.4%
High school graduate or GED	32.8%	29.7%	37.7%	29.0%	34.2%
Some college or 2-year college	21.9%	31.8%	16.1%	40.3%	11.9%
4-year college graduate	6.8%	6.1%	9.5%	12.8%	2.9%
More than 4-year college degree	2.9%	3.5%	3.3%	6.0%	1.0%

<b>Primary language spoken at home</b>	<b>HFP Overall</b>	<b>CCC</b>	<b>Asian Survey</b>	<b>English Survey</b>	<b>Spanish Survey</b>
English	25.1%	38.6%	2.2%	74.1%	1.9%
Spanish	61.3%	51.5%	0.0%	11.1%	98.0%
Chinese	5.9%	4.0%	55.5%	2.8%	0.0%
Korean	0.9%	0.9%	8.8%	0.3%	0.0%
Vietnamese	2.3%	2.0%	23.2%	0.7%	0.0%
Other	4.5%	3.0%	10.3%	11.0%	0.1%

Note: While the majority of respondents were the parent of the child, the respondent could also be a grandparent, aunt or uncle, sibling or legal guardian.

## Appendix D. CAHPS Sample Profile

**Table 4. Child Health Status**

Rating of Overall Health	HFP Overall	CCC	Male	Female	0-5 Years	6-12 Years	13-19 Years	Asian Survey	English Survey	Spanish Survey
Excellent	38.2%	16.5%	36.9%	39.5%	45.0%	37.5%	33.7%	13.2%	48.3%	36.2%
Very Good	34.4%	31.1%	34.7%	34.0%	34.0%	35.1%	33.3%	35.7%	35.0%	33.8%
Good	21.9%	33.9%	22.6%	21.1%	16.8%	21.9%	26.0%	38.5%	14.5%	23.5%
Fair	5.4%	17.1%	5.6%	5.1%	3.9%	5.3%	6.7%	12.2%	2.1%	6.2%
Poor	0.2%	1.4%	0.2%	0.3%	0.2%	0.2%	0.4%	0.5%	0.1%	0.2%

Type of care received in office in last 12 months	HFP Overall	CCC	Male	Female	0-5 Years	6-12 Years	13-19 Years	Asian Survey	English Survey	Spanish Survey
Child went to emergency room	12.8%	17.3%	13.8%	11.8%	17.6%	11.7%	11.1%	13.1%	12.9%	12.7%
Child went to doctors office or clinic for appointment	60.8%	76.1%	60.1%	61.6%	73.7%	57.6%	56.2%	67.4%	65.7%	56.9%
Child currently needs medication	13.8%	69.3%	14.7%	12.9%	12.6%	13.3%	15.7%	11.6%	17.0%	12.4%
Child has a medical, behavioral or other health condition that has lasted more than 3 months	10.1%	55.0%	11.1%	9.0%	8.5%	10.0%	11.6%	8.7%	12.4%	9.0%
Child saw a specialist in last 6 months	15.4%	36.9%	15.4%	15.4%	15.3%	14.7%	16.6%	15.8%	14.0%	16.1%
Parent/Caretaker needed an interpreter to help speak with doctor or other health provider	14.3%	17.3%	14.6%	14.0%	18.1%	14.2%	11.4%	9.7%	1.9%	22.3%
Child needed an interpreter to help speak with doctor or other health provider	4.9%	7.5%	5.1%	4.7%	7.6%	4.5%	3.4%	6.2%	0.7%	7.1%
Child under 2 went to the doctor or other health provider for a check-up, shots or drops	87.9%	92.6%	86.6%	89.3%	90.2%	82.0%	82.4%	82.3%	89.8%	87.0%
Child needed special medical equipment or devices	1.9%	6.9%	2.1%	1.7%	2.9%	1.9%	1.3%	2.8%	2.4%	1.5%
Child received physical, occupational or speech therapy	3.3%	12.6%	4.1%	2.4%	5.0%	2.6%	2.9%	2.1%	3.5%	3.3%
Child needed treatment or counseling for an emotional, developmental or behavioral problem	4.5%	22.9%	5.2%	3.8%	2.7%	4.4%	6.2%	6.0%	4.9%	4.1%

California Children's Services (CCS)	HFP Overall	CCC	Male	Female	0-5 Years	6-12 Years	13-19 Years	Asian Survey	English Survey	Spanish Survey
Tried to get treatment for child through CCS	3.0%	9.5%	2.5%	3.6%	2.2%	2.8%	4.2%	5.5%	2.8%	2.7%

## Appendix E. YAHCS Survey Distribution

Table 5. YAHCS Survey Distribution by Health Plan and Survey Language

Health Plan	Overall Response Rate	Total Mailed	English	Spanish	Chinese	Korean	Vietnamese
Alameda Alliance for Health	44.8%	861	266	279	270	4	42
Anthem Blue Cross EPO	37.1%	900	459	416	8	10	7
Anthem Blue Cross HMO	36.4%	900	372	386	80	47	15
Blue Shield EPO	34.2%	611	483	105	11	3	9
Blue Shield HMO	37.4%	900	457	297	83	48	15
CalOptima Kids	37.5%	900	152	621	2	32	93
Care 1st Health Plan	32.4%	772	168	584	17	1	2
CenCal Health	45.9%	267	66	200	0	0	1
Central Coast Alliance for Health	39.7%	325	89	232	3	0	1
Community Health Group	37.5%	900	231	648	3	3	15
Community Health Plan	36.0%	900	200	651	36	7	6
Contra Costa Health Plan	38.8%	410	121	280	6	1	2
Health Net HMO	34.9%	900	435	380	59	13	13
Health Net Life EPO	34.1%	95	73	22	0	0	0
Health Plan of San Joaquin	36.3%	893	376	492	19	0	6
Health Plan of San Mateo	40.4%	397	122	258	16	0	1
Inland Empire Health Plan	34.3%	900	335	557	1	2	5
Kaiser Permanente	33.6%	900	502	370	18	4	6
Kern Family Health Care	35.1%	900	299	599	1	0	1
L.A. Care Health Plan	31.1%	317	93	217	6	1	0
Molina Healthcare	33.6%	900	279	601	9	4	7
San Francisco Health Plan	45.9%	702	139	84	474	1	4
Santa Clara Family Health Plan	38.9%	900	229	465	37	4	165
Ventura County Health Care Plan	42.1%	422	77	342	2	1	0
Total Surveys Mailed		16,872	6,023	9,086	1,161	186	416
Total Surveys Completed		6,030	1,720	3,253	274	92	184
Response Rate		37%	29%	36%	24%	49%	44%

## Appendix F. YAHCS Sample Profile

**Table 6. Teen Demographic Characteristics**

Age (years) *	HFP Overall	Asian Survey	English Survey	Spanish Survey
MEAN	15.9	16.0	16.0	15.9
14 Years	16.5%	14.3%	16.0%	17.3%
15 Years	26.7%	26.5%	26.0%	27.1%
16 Years	26.8%	25.0%	27.1%	27.1%
17 Years	23.0%	25.4%	23.8%	21.8%
18 Years	5.7%	8.2%	6.4%	4.5%
19 Years	0.1%	0.1%	0.1%	0.1%
20 Years	1.3%	0.5%	0.5%	2.0%

Gender	HFP Overall	Asian Survey	English Survey	Spanish Survey
Female	50.2%	46.5%	51.4%	50.4%
Male	49.8%	53.5%	48.6%	49.6%

Ethnicity	HFP Overall	Asian Survey	English Survey	Spanish Survey
White	11.8%	0.0%	32.7%	2.4%
African American	2.4%	0.1%	7.2%	0.2%
Asian	21.6%	97.3%	24.2%	0.1%
American Indian or Alaska Native	0.7%	0.1%	2.1%	0.1%
Hispanic or Latino	63.7%	0.0%	35.6%	97.2%
Native Hawaiian or Other Pacific Islander	1.3%	0.4%	3.9%	0.1%

Last Time Teen Had Routine Care	HFP Overall	Asian Survey	English Survey	Spanish Survey
0-6 Months	59.3%	59.6%	59.1%	59.3%
7-12 Months	22.5%	20.8%	21.0%	23.8%
13-24 Months	8.5%	7.3%	9.1%	8.5%
More Than Two Years Ago	4.0%	3.9%	4.4%	3.7%
Did Not Go to Doctor/Clinic for Check-up	5.7%	8.3%	6.3%	4.7%

Where Teen Usually Goes for Medical Care	HFP Overall	Asian Survey	English Survey	Spanish Survey
Doctors Office or Clinic	75.8%	63.5%	80.7%	76.0%
School Nurse	0.3%	0.2%	0.2%	0.3%
Community Clinic	14.1%	18.6%	9.2%	15.8%
Hospital Clinic	5.9%	11.2%	5.6%	4.6%
Hospital Emergency Room	0.5%	0.1%	0.7%	0.4%
Family Planning Center	0.4%	1.1%	0.2%	0.4%
Urgent Care Clinic	0.7%	0.0%	1.2%	0.5%
No One Usual Place	2.4%	5.2%	2.2%	1.8%

\* Children under the age of 18 qualify for HFP and to participate in the survey. However, the age reported above is based on the age that the participant recorded on the survey.

# Appendix F. YAHCS Sample Profile

Table 7. Teen Health Status

Health Status	HFP Overall	Males Under 16	Males 16 and Older	Females Under 16	Females 16 and Older	Asian Survey	English Survey	Spanish Survey
Excellent	24.7%	31.0%	26.9%	24.0%	18.3%	15.6%	32.2%	22.6%
Very Good	38.0%	37.7%	40.4%	35.4%	37.8%	47.1%	37.3%	36.0%
Good	27.5%	23.7%	26.4%	28.2%	31.0%	29.8%	25.9%	27.9%
Fair	9.0%	7.1%	6.0%	11.3%	11.7%	7.3%	3.6%	12.8%
Poor	0.8%	0.5%	0.3%	1.1%	1.2%	0.2%	1.1%	0.7%

Number of Days Exercised in Last 4 Weeks	HFP Overall	Males Under 16	Males 16 and Older	Females Under 16	Females 16 and Older	Asian Survey	English Survey	Spanish Survey
None	20.4%	12.6%	19.1%	18.2%	29.2%	47.2%	18.3%	14.7%
1 to 9 Days	33.9%	28.2%	32.8%	34.2%	39.2%	31.0%	32.0%	35.9%
10 to 13 Days	11.0%	10.8%	12.0%	11.3%	9.9%	7.7%	12.8%	10.8%
14 to 20 Days	15.1%	19.1%	14.6%	18.1%	10.4%	10.3%	15.9%	15.9%
21 to 28 Days	19.5%	29.3%	21.4%	18.2%	11.3%	3.7%	21.0%	22.7%

Number of Days Pain Bothered You in Last 4 Weeks	HFP Overall	Males Under 16	Males 16 and Older	Females Under 16	Females 16 and Older	Asian Survey	English Survey	Spanish Survey
None	62.2%	70.3%	69.2%	56.5%	53.5%	75.8%	53.1%	64.1%
1 to 3 Days	27.3%	22.4%	22.3%	32.4%	32.2%	18.8%	32.2%	26.6%
4 to 6 Days	5.7%	4.0%	3.9%	7.3%	7.4%	3.0%	7.7%	5.1%
7 to 14 Days	2.6%	1.8%	2.2%	2.2%	3.9%	1.4%	4.1%	2.0%
15 to 28 Days	2.2%	1.5%	2.4%	1.6%	3.0%	1.0%	3.0%	2.1%

Number of Days Health or Emotional Problem Kept You From Ordinary Activities in the Last 4 Weeks	HFP Overall	Males Under 16	Males 16 and Older	Females Under 16	Females 16 and Older	Asian Survey	English Survey	Spanish Survey
None	79.4%	85.6%	83.1%	77.2%	72.8%	88.3%	70.7%	82.4%
1 to 3 Days	14.6%	10.5%	12.6%	15.9%	18.6%	9.5%	19.8%	12.8%
4 to 6 Days	2.9%	2.1%	1.8%	3.4%	4.3%	1.7%	4.5%	2.3%
7 to 14 Days	1.7%	0.9%	1.3%	1.5%	2.8%	0.4%	3.1%	1.2%
15 to 28 Days	1.4%	0.9%	1.2%	2.0%	1.4%	0.1%	2.0%	1.3%

Agree with statement: "I am full of energy"	HFP Overall	Males Under 16	Males 16 and Older	Females Under 16	Females 16 and Older	Asian Survey	English Survey	Spanish Survey
Completely or mostly agree	83.2%	86.9%	86.0%	81.1%	79.3%	89.1%	82.3%	82.3%
Agree a little or do not agree	16.8%	13.1%	14.0%	18.9%	20.7%	10.9%	17.7%	17.7%

Agree with statement: "I have a lot of good qualities"	HFP Overall	Males Under 16	Males 16 and Older	Females Under 16	Females 16 and Older	Asian Survey	English Survey	Spanish Survey
Completely or mostly agree	89.4%	91.1%	91.0%	87.2%	88.1%	87.3%	90.8%	89.1%
Agree a little or do not agree	10.6%	8.9%	9.0%	12.8%	11.9%	12.7%	9.2%	10.9%

Agree with statement: "I am satisfied with my life and how I live it"	HFP Overall	Males Under 16	Males 16 and Older	Females Under 16	Females 16 and Older	Asian Survey	English Survey	Spanish Survey
Completely or mostly agree	88.7%	92.0%	90.1%	87.6%	85.8%	89.6%	87.2%	89.4%
Agree a little or do not agree	11.3%	8.0%	9.9%	12.4%	14.2%	10.4%	12.8%	10.6%

Teen completely or mostly agreed with all 3 of the above statements	HFP Overall	Males Under 16	Males 16 and Older	Females Under 16	Females 16 and Older	Asian Survey	English Survey	Spanish Survey
Proportion who completely or mostly agreed	71.8%	75.1%	75.4%	70.3%	66.7%	74.4%	72.8%	70.5%

## Appendix F. YAHCS Sample Profile

**Table 8. Teen Depression and Risky Behaviors**

<b>Depression</b>	<b>HFP Overall</b>	<b>Males Under 16</b>	<b>Males 16 and Older</b>	<b>Females Under 16</b>	<b>Females 16 and Older</b>	<b>Asian Survey</b>	<b>English Survey</b>	<b>Spanish Survey</b>
Teen Felt Sad or Hopeless Everyday for Two Weeks or More in a Row	12.9%	8.6%	8.6%	16.5%	17.6%	4.2%	13.6%	14.7%
<b>Smoking</b>	<b>HFP Overall</b>	<b>Males Under 16</b>	<b>Males 16 and Older</b>	<b>Females Under 16</b>	<b>Females 16 and Older</b>	<b>Asian Survey</b>	<b>English Survey</b>	<b>Spanish Survey</b>
Teen smoked cigarettes on 1 or more days in the last 30 days	2.2%	1.4%	3.5%	0.5%	2.7%	1.5%	3.7%	1.4%
<b>Drinking</b>	<b>HFP Overall</b>	<b>Males Under 16</b>	<b>Males 16 and Older</b>	<b>Females Under 16</b>	<b>Females 16 and Older</b>	<b>Asian Survey</b>	<b>English Survey</b>	<b>Spanish Survey</b>
Teen had at least one drink of alcohol in the last 30 days	6.8%	2.9%	8.4%	5.6%	9.1%	2.4%	9.5%	6.3%
<b>Sexually Active</b>	<b>HFP Overall</b>	<b>Males Under 16</b>	<b>Males 16 and Older</b>	<b>Females Under 16</b>	<b>Females 16 and Older</b>	<b>Asian Survey</b>	<b>English Survey</b>	<b>Spanish Survey</b>
Teen has had sexual intercourse	11.6%	5.2%	16.3%	3.8%	17.6%	1.8%	14.9%	12.1%
<b>Routinely Does Not Wear Seatbelt</b>	<b>HFP Overall</b>	<b>Males Under 16</b>	<b>Males 16 and Older</b>	<b>Females Under 16</b>	<b>Females 16 and Older</b>	<b>Asian Survey</b>	<b>English Survey</b>	<b>Spanish Survey</b>
Teen never, rarely or sometimes wears seatbelt	3.4%	3.7%	2.8%	4.1%	3.4%	3.3%	3.5%	3.5%
<b>Count of Teen Depression and Risky Behavior Participation</b>	<b>HFP Overall</b>	<b>Males Under 16</b>	<b>Males 16 and Older</b>	<b>Females Under 16</b>	<b>Females 16 and Older</b>	<b>Asian Survey</b>	<b>English Survey</b>	<b>Spanish Survey</b>
0 out of 5 risky behaviors	73.7%	83.0%	72.7%	76.4%	65.5%	89.3%	69.4%	72.2%
1 out of 5 risky behaviors	19.0%	13.3%	18.9%	18.6%	23.7%	8.6%	20.9%	20.6%
2 out of 5 risky behaviors	5.3%	3.0%	6.2%	3.6%	7.6%	1.9%	6.4%	5.6%
3 out of 5 risky behaviors	1.6%	0.6%	1.7%	1.2%	2.5%	0.2%	2.6%	1.3%
4 out of 5 risky behaviors	0.3%	0.1%	0.5%	0.1%	0.4%	0.0%	0.6%	0.2%
5 out of 5 risky behaviors	0.1%	0.0%	0.0%	0.0%	0.3%	0.0%	0.1%	0.1%



## Appendix G. Children with Chronic Conditions by Health Plan

Table 9. Children with Chronic Conditions by Health Plan

<b>HFP Plans with More Than 30 Children with Chronic Conditions</b>	<b>Number of Children with Chronic Conditions</b>
Alameda Alliance for Health	40
Anthem Blue Cross EPO	67
Anthem Blue Cross HMO	46
Blue Shield EPO	66
Blue Shield HMO	59
CalOptima Kids	40
Care 1st Health Plan	31
CenCal Health	44
Central Coast Alliance for Health	42
Community Health Group	60
Community Health Plan	43
Contra Costa Health Plan	39
Health Net HMO	58
Health Plan of San Joaquin	39
Health Plan of San Mateo	48
Inland Empire Health Plan	43
Kaiser Permanente	59
Kern Family Health Care	50
Molina Healthcare	50
San Francisco Health Plan	39
Santa Clara Family Health Plan	48
Ventura County Health Care Plan	38
<b>HFP Plans with Less Than 30 Children with Chronic Conditions</b>	<b>Number of Children with Chronic Conditions</b>
Health Net Life EPO*	13
LA Care Health Plan	28
<b>HFP Overall</b>	<b>1,090</b>

## Appendix H. CCS Conditions Reported by Families with Children with Chronic Conditions

Survey participants were asked to write in the name of the medical condition that required their child to receive services through CCS. The table below is a summary of the responses, ranked high to low by the number of similar responses. However, this is simply a summary of the responses and does not mean that the condition is eligible for CCS, as many are not.

Table 10. Chronic Conditions Reported by Families Who Have a Child With a Chronic Condition

Chronic Conditions	Number
Dental Services (e.g. orthodontia)	44
Heart Problems (e.g. heart murmur, heart defect)	19
Surgery (e.g. broken bone)	14
Hearing Problems	12
Thyroid Condition	10
Craniofacial Problem (e.g. cleft pallet, hair lip)	9
Leukemia or other cancers	8
Vision Problems	7
Asthma	7
Diabetes	5
Skin Problem	4
Seizures	4
Physical Therapy	4
Mental Health (e.g. ADHD, OCD, depression)	4
Intestinal Problem	4
Diagnostic Imaging (e.g. CTScans, MRI)	4
Blood Disorders	4
Ear, Nose and Throat	3
Spina Bifida	2
Speech Delay	2
Scoliosis	2
Paralysis	2
Kidney/Renal Problem	2
Hypertension	2
Tonsils	2
Arthritis	2
<b>Total:</b>	<b>182</b>

# Appendix I. Health Plan Performance on CAHPS Ratings

**Table 11. Health Plans That Were Statistically Significantly Above or Below the Program Average for CAHPS Ratings**

Plan Name	Total ▲	Total ▼	Rating of Health Plan	Rating of Health Care	Rating of Doctor or Nurse	Rating of Specialist	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Courteous and Helpful Office Staff	Customer Service
Alameda Alliance for Health											
Anthem Blue Cross EPO	4		▲	▲				▲		▲	
Anthem Blue Cross HMO		7	▼	▼	▼	▼	▼	▼	▼		
Blue Shield EPO	4	1		▲				▲	▲	▲	▼
Blue Shield HMO		1	▼								
CalOptima Kids	1						▲				
Care 1 <sup>st</sup> Health Plan		4	▼					▼	▼	▼	
CenCal Health	6		▲	▲	▲				▲	▲	▲
Central Coast Alliance for Health	3	1	▲				▲	▼			▲
Community Health Group	2				▲	▲					
Community Health Plan		4	▼	▼				▼		▼	
Contra Costa Health Plan	2		▲			▲					
Health Net HMO		1	▼								
Health Net Life EPO	3				▲			▲	▲		
Health Plan of San Joaquin	2		▲				▲				
Health Plan of San Mateo	1				▲						
Inland Empire Health Plan		2						▼	▼		
Kaiser Permanente	6			▲	▲		▲	▲	▲	▲	
Kern Family Health Care		4					▼	▼	▼	▼	
L.A. Care Health Plan	1	1				▲		▼			
Molina Healthcare		1						▼			
San Francisco Health Plan		7		▼	▼	▼		▼	▼	▼	▼
Santa Clara Family Health Plan	3		▲				▲				▲
Ventura County Health Care Plan	4		▲		▲				▲		▲

## Appendix J. Health Plan Performance on Children with Chronic Conditions Ratings

**Table 12. Health Plans That Were Statistically Significantly Above or Below the Program Average for Children with Chronic Conditions Ratings**

Plan Name	Total ▲	Total ▼	Access to Pre- scription Medications	Access to Spe- cialized Ser- vices	Doctor or Nurse Who Knows Child	Shared Deci- sion Making	Getting Needed Infor- mation	Coordination of Care
Alameda Alliance for Health								
Anthem Blue Cross EPO	2	1	▲		▲			▼
Anthem Blue Cross HMO		1					▼	
Blue Shield EPO								
Blue Shield HMO								
CalOptima Kids	1		▲					
Care 1 <sup>st</sup> Health Plan								
CenCal Health	1						▲	
Central Coast Alliance for Health	1				▲			
Community Health Group	1			▲				
Community Health Plan								
Contra Costa Health Plan								
Health Net HMO								
Health Net Life EPO	1						▲	
Health Plan of San Joaquin		1			▼			
Health Plan of San Mateo	3	1	▼		▲	▲	▲	
Inland Empire Health Plan		1					▼	
Kaiser Permanente	2		▲			▲		
Kern Family Health Care		2			▼		▼	
L.A. Care Health Plan	1		▲					
Molina Healthcare		1		▼				
San Francisco Health Plan		2				▼	▼	
Santa Clara Family Health Plan	1	1				▼		▲
Ventura County Health Care Plan	2					▲	▲	

## Appendix K. Health Plan Performance on YAHCS Ratings

**Table 13. Health Plans That Were Statistically Significantly Above or Below the Program Average for YAHCS Ratings**

Plan Name	Total ▲	Total ▼	Counseling and Screening for Risky Behaviors	Counseling and Screening for Pregnancy and STDs	Counseling and Screening for Diet, Weight and Exercise	Counseling and Screening for Mental Health	Care Provided in a Confidential and Private Setting	Communication and Experience of Care
Alameda Alliance for Health	3				▲	▲	▲	
Anthem Blue Cross EPO	1	1			▼			▲
Anthem Blue Cross HMO		5	▼	▼	▼	▼	▼	
Blue Shield EPO	1	2	▼			▼		▲
Blue Shield HMO		5	▼	▼	▼	▼	▼	
CalOptima Kids	2		▲		▲			
Care 1 <sup>st</sup> Health Plan		3	▼			▼	▼	
CenCal Health								
Central Coast Alliance for Health	5		▲	▲		▲	▲	▲
Community Health Group	1				▲			
Community Health Plan		3			▼	▼		▼
Contra Costa Health Plan	1							▲
Health Net HMO		1				▼		
Health Net Life EPO		1		▼				
Health Plan of San Joaquin								
Health Plan of San Mateo	6		▲	▲	▲	▲	▲	▲
Inland Empire Health Plan		2				▼	▼	
Kaiser Permanente	4				▲	▲	▲	▲
Kern Family Health Care		3			▼	▼	▼	
L.A. Care Health Plan								
Molina Healthcare								
San Francisco Health Plan	4	1	▲		▲	▲	▲	▼
Santa Clara Family Health Plan								
Ventura County Health Care Plan	1	3	▼		▼	▼		▲

Note: The *Helpfulness of Counseling and Screening* composite was not included due to a low number of observations by health plan. The *Health Information* composite was not included because the question was not specific to information obtained from the health plan or provider.